

2000 South IH35 Suite L-1 Austin, TX USA 78681 Phone: (512) 238-6200 Fax: (512) 238-6700

Physician: GERARD GABEL Clinician: Michelle Purdy, OT

Case Mgr: In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits: 20 Cxl/Ns:

Note Date: DOB:

SSN:

FSC:

Payor:

Pol/Claim#:

Employer:

Nov 29, 2007 Jun 18, 1958

Pagen1Egfe78

XXX-XX-XXXX

**BCBS** BCBS

Name of Insured: Student

# Discharge Summary

Diagnoses Right Elbow

72760 81305

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## **Subjective Examination**

**Chief Complaint:** 

Pliability

Observations:

• Unable to use right U/E for ADLs in usual fashion Abnormal Sensation:

Numbness in RF,SF persists

Right

Mild

Medical Management:

Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

## **Objective Examination** Integument: Scars: Characteristics:

Swelling: Severity: Moderate.			
- '	May 31, 2007	Aug 20, 2007	
Range of Motion:	R. Pas.	R. Act.	Pas.
<ul><li>Extension.</li></ul>	-60	-20	-15
• Flexion(post tx)	90	130	138
<ul> <li>Wrist Extension</li> </ul>		40	
Wrist Flexion		60	

## Assessment

In my professional opinion, this client exhibits a good prognosis at time of discharge from skilled rehabilitative therapy in conjunction with a home exercise program. The client was educated regarding the discharge prognosis and related pathology. The client exhibits good understanding and is independent in their home exercise program and instructions outlined in this skilled rehabilitation program.

## Problems & Goals

Problem #1 Range of Motion.

STG Achieve by Aug 31, 2007.

Range of Motion Improvements to: Elbow:	Right AROM	
* Extension	-20	-20
• Flexion	135	140



Filed 05/24(2008)
Note Date:

Pagnel Diges Nov 29, 2007



Wrist Extension
 Wrist Flexion

LTG Achieve by Sep 14, 2007.

Range of Motion Improvements to: Elbow:
Extension

Flexion

100

Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

#### Girth Normalization:

· Decreasing Swelling/Effusion to: Min levels

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Sep 14, 2007.

Improve scar mobility to mild restrictions

## Plan

Discharge to Independent Home Exercise Program.

Discharge from Occupational Therapy.

Discharge due to:

Insurance visit limitations.



Casesa:a:a:a:hyxicalonambyJM-LSP Acadecumoestono5e212 Filed 05/246/2008 2000 South IH35 Suite L-1 Austin, TXUSA 78681

Phone: (512) 238-6200

Fax: (512) 238-6700

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT

Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits 20 Cxl/Ns:

Visit Date:

DOB:

SSN:

FSC:

Payor:

Page Brote 3 Aug 20, 2007

Jun 18, 1958

XXX-XX-XXXX **BCBS** 

BCBS

Pol/Claim#: Name of Insured:

Employer: Student

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

**Treatment Guidelines:** 

 Rehabilitative Program Additional Detail: per MD orders dated 08/02/07, Component 1 AROM/PROM elbow

## **Subjective Examination**

**Chief Complaint:** 

• Unable to use right U/E for ADLs in usual fashion. Abnormal Sensation: Numbness in RF,SF persists

**Daily Comments:** 

"It is really doing well"

Medical Management:

Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

## **Objective Examination**

Integument: Scars: Characteristics:	Right
Pliability	Mild
Observations:	

Swelling: Severity: Moderate.

Range of Motion:	Right AROM	
* Extension	-20	-15
• Flexion(post tx)	130	138
Wrist Extension	40	
• Wrist Flexion	60	

## **Treatments**

Exercise Activities: Range of Motion:

 ROM Activity 1(This visit) Did Not Perform: This visit ROM Activity 2(This visit) Did Not Perform: This visit

Manual Interventions: Soft Tissue:



Filed 05/241/2008

Pandinch Roggers Aug 20, 2007

Visit Date:



Soft Tissue Mobilization 1	Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: Dramage; retrograds, Assisting Technique: soar mobilization Description: retrograde massage to reduce edema, soar mob	Lymph t
Manual Interventions: Range	of Motion:	
• Manual ROM 2	Time Elapsed: 30 Minutes, Additional Detail: forearm neutra	d,

#### Wound Management:

Suture/Staple Removal(This visit)

Did Not Perform: This visit

#### Assessment

#### Presentation:

• demo moderate improvement in total AROM of elbow, demo improved flexibility in transitional movements

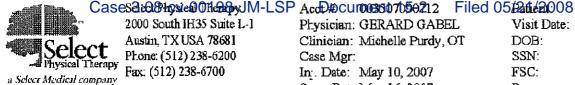
## Plan

#### Daily Plan:

• pt going out of town on vacation for a few days, will schedule appt upon return

#### Recommendations:

• Continue with current program.



2000 South IH35 Suite L-1 Austin, TX USA 78681 Phone: (512) 238-6200

Fax: (512) 238-6700

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT

Case Mgr: In: Date: May 10, 2007

Surg. Date:May 16, 2007 Visits: 19

Cxl/Ns:

SSN: FSC: Payor:

DOB:

Visit Date:

Aug 17, 2007 Jun 18, 1958 XXX-XX-XXXX

Page 15 regt of 3

**BCBS** 

BCBS

Pol/Claim#: Name of Insured:

Employer: Student

## Plan of Care

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

#### Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session. Impairments Identified:

Swelling. Range of Motion. Flexibility.

## **Problems & Goals**

Problem #1 Range of Motion.	Right AROM Right PROM
Extension	-30  -20
<ul> <li>Flexion(post tx)</li> </ul>	125   135
Wrist Extension	40
Wrist Flexion	60
STG Achieve by Aug 31, 2007.	
Range of Motion Improvements to: Elbow:	Right AROM   Right PROM
Extension.	-20  -20
• Flexion	135   140
Wrist Extension	60
Wrist Flexion	60
LTG Achieve by Sep 14, 2007.	
Range of Motion Improvements to: Elbow:	Right AROM
• Extension	-10
• Flexion	140
Goal Achieved Aug 17, 2007.	
Client Educations	

#### Client Education:

Independent Home Exercise/Self Care Program.

Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

Girth Normalization:

Please sign and return	
I have reviewed this Plan of Care and cert Comments and/or revisions to this Plan of	tify that the skilled therapy services identified are required to meet the patient's need. f Care are noted below.
Comments/Revisions	
Physician Signature	Date

Visit Date:



• Decreasing Swelling/Effusion to: Min levels

Problem #3 Integument: Wounds/Incisions: Type: incision appears approximated

Goal Achieved Aug 17, 2007.

**Wound Care:** 

Prevent Contamination. Promote Epithelialization/Granulation Tissue.

Problem #4 Integument: Scars: Characteristics.

Right Mild

Pliability

LTG Achieve by Sep 14, 2007.

Improve scar mobility to mild restrictions

#### Plan

Frequency and Duration:

• It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Soft Tissue Mobilization Techniques.
- Additional:
  - Edema Management. Scar Management. Wound Management.



CaseScieCc71gxica0011424byJM-LSPAcdD#bcur0043507059212 Filed 05/246/2008 2000 South IH35 Suite L-1 Austin, TX USA 78681

Phone: (512) 238-6200

Fax: (512) 238-6700

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits: 19 Cxl/Ns:

Visit Date: DOB:

SSN:

FSC:

Pavor:

Pol/Claim#:

Pagen7Egge73 Aug 17, 2007

Jun 18, 1958 XXX-XX-XXXX

BCBS

BCBS

Name of Insured: Employer: Student

# Re-Evaluation Progress Report (No Re-eval Charge)

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

**Treatment Guidelines:** 

 Rehabilitative Program Additional Detail: per MD orders dated 08/02/07, Component 1 AROMPROM elbow.

## **Subjective Examination**

**Chief Complaint:** 

 Unable to use right U/E for ADLs in usual fashion Abnormal Sensation: Numbness in RF,SF persists

Daily Comments:

Stiffness has: Decreased: With exercise activity.

Medical Management:

Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

## **Objective Examination**

Integument:

· Wounds/Incisions: Type: incision appears approximated

Integument: Scars: Characteristics: Right · Phability Mild

Observations:

Swelling: Severity: Moderate.

	Aug 03, 2007	Aug 17,	2007	
Range of Motion:	R. Act.	Pas.	R. Act.   P	as.
* Extension	-30	-30	-30  -	20
• Flexion(post tx)	115	130	125   1	35
• Wrist Extension	40		40	
Wrist Flexion	60	1	60	

## **Treatments**

Exercise Activities: Range of Motion:

 ROM Activity 1(This visit) Did Not Perform, This visit ROM Activity 2(This visit) Did Not Perform: This visit



Visit Date:

Manual Interventions: Soft Tissue:	
<ul> <li>Soft Tissue Mobilization 1</li> </ul>	Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Lymph Dramage; retrograde, Description: retrograde massage to reduce
	Dramage, retrograde, Description: retrograde massage to reduce
	edema, scar mob.
Manual Interventions: Range of Motion:	
• Mazual ROM 2	Time Hansed 30 Minutes Additional Detail forearm neutral
	Time Elapsed: 30 Minutes, Additional Detail, forearm neutral, Description: A/AAROM/PROM flex/ext.
Wound Management:	
Suture/Staple Removal	Time Elapsed: 4 Minutes, Topical Agent: None, Dressing: None.

#### Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

· Swelling. Range of Motion. Flexibility.

## **Problems & Goals**

Problem #1 Range of Motion.

STG Achieve by Aug 31, 2007.

21 C 110/10 ( 0 C) 1116 D 1) 2 3 0 1		
Range of Motion Improvements to: Elbow:	Right AROM	Right PROM
Extension	-20	-20
• Flexion	135	140
Wrist Extension	60	
Wrist Flexion	60	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
LTG Achieve by Sep 14, 2007.	•	
Range of Motion Improvements to: Elbow:	Right AROM	
•	6	

\* Extension -10
• Flexion 140

Goal Achieved Aug 17, 2007.

#### Client Education:

Independent Home Exercise/Self Care Program.

#### Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

#### Girth Normalization:

Decreasing Swelling/Effusion to: Min levels

## Problem #3 Integument: Wounds/Incisions: Type: incision appears approximated

Goal Achieved Aug 17, 2007.

#### Wound Care:

Prevent Contamination. Promote Epithelialization/Granulation Tissue.

#### Problem #4 Integument: Scars: Characteristics.



LTG Achieve by Sep 14, 2007.

Improve scar mobility to mild restrictions

## Plan

#### Frequency and Duration:

• It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 4 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

#### Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Soft Tissue Mobilization Techniques.
- Additional:
  - Edema Management. Scar Management. Wound Management.



ase 3:00st Chys0011962 JM-LSP 2000 South IH35 Suite L-1 Austin, TX USA 78681 Phone: (512) 238-6200 Fax: (512) 238-6700

ADoo#um@085050920712 Filed 05/2Pb626008 Physician: GERARD GABEL

Clinician: Michelle Purdy, OT

Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007.

Visits: 18 Cxl/Ns:

Visit Date:

DOB:

SSN:

FSC:

Aug 15, 2007

Pagyentin Kofg 7/3

Jun 18, 1958 XXX-XX-XXXX

**BCBS** 

Payor: **BCBS** Pol/Claim#:

Name of Insured:

Employer: Student

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## **General Information**

**Treatment Guidelines:** 

Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Component 1

AROM/PROM elbow.

## **Subjective Examination**

Chief Complaint:

• Unable to use right U/E for ADLs in usual fashion. Abnormal Sensation:

Numbness in RF,SF persists

Daily Comments:

Overall Condition is: Improving.

Medical Management:

Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

## **Objective Examination**

Integument:

Wounds/Incisions: Type: Surgical Incision.

**Observations:** 

Swelling: Severity: Moderate.

Range of Motion:	Right AROM	
* Extension	-30	-20
• Flexion(post tx)	125	135
Wrist Extension	40	
<ul> <li>Wrist Flexion</li> </ul>	60	

## **Treatments**

Exercise Activities: Range of Motion:

 ROM Activity 1(This visit) ROM Activity 2(This visit)

Did Not Perform: This visit Did Not Perform: This visit

Manual Interventions: Soft Tissue:



Filed 05/2at/2008 Visit Date Paginch Egglers3 Aug 15, 2007

* Soft Lissue Mobilization 1		Fime Elepsed: 10 Minutes, Tx Dept Oramage: retrograde, Description: r edema, scar mob.	etrograde massage to reduce
Manual Interventions: Range	**************************************		ol Datol: Example motive!
		Description: A/AAROM/PROM flex	Pext

## Assessment

#### Presentation:

appears to be maintaining gains in mobility made between tx sessions

## Plan

#### Daily Plan:

• remove sutures next session



ase 35:00:81-2011/90:00 179:00:01/19:00:01 2000 South IH35 Suite L-1 Austin, TX USA 78681 Phone: (512) 238-6200

ADo#ume0050505020712 Filed 05/2Pb02008 Physician: GERARD GABEL

Clinician: Michelle Purdy, OT Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits: 17 Cxl/Ns:

Visit Date: DOB:

SSN:

FSC:

Pavor:

Pol/Claim#:

Aug 13, 2007

Pagentin2Egg 73

Jun 18, 1958 XXX-XX-XXXX

**BCBS BCBS** 

Name of Insured: Employer: Student

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

**Treatment Guidelines:** 

Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Component 1

AROM/PROM elbow

## **Subjective Examination**

Chief Complaint:

• Unable to use right U/E for ADLs in usual fashion. Abnormal Sensation:

Numbness in RF, SF persists

**Daily Comments:** 

"I can routinely get the flexion to 130 with the splint"

Medical Management:

Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

## **Objective Examination**

Integument:

· Wounds/Incisions: Type: Surgical Incision.

**Observations:** 

Swelling: Severity: Moderate.

Range of Motion:	Right AROM	Right PROM
* Extension	-30	-20
• Flexion(post tx)	125	135
• Wrist Extension	40	
• Wrist Flexion	60	

## **Treatments**

Exercise Activities: Range of Motion:

\* ROM Activity I (Home Program Component)

ROM Activity 2(Home Program Component)

Time Elapsed: 10 Minutes, Technique: Active, Description: Elbow

flex/ext with wrist supported in VF.

Time Elapsed: 5 Minutes, Side: right, Technique: Active.

Description: VF/DF with elbow supported in flex.

Manual Interventions: Soft Tissue:



#### Case 3:08-cv-00198-JM-LSPAcct Document/1099222

Filed 05/2at/20:08
Visit Date:

Pagnet Egfers3
Aug 13, 2007

T 100

Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Lymph Drainage; retrograde, Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:

Manual ROM 2

Time Elapsed: 30 Minutes, Additional Detail, forearm neutral, Description: Passive allow flex to tol, passive ext to tol.

## Assessment

#### Presentation:

Demo improved active and passive mobility in flex/ext

#### Treatment Emphasis to focus on:

improving flex and ext and flexibility in transitional movements

## Plan

#### Recommendations:

• Continue with current program.



3901 South Lamar Blvd

Suite 140

Austin, TX USA 78704 Phone: (512) 462-3275

Fax: (512) 462-0005

ADocumer14/15020285 Filed 05/24/12008 Physician: GERARD GABEL

Clinician: Michelle Purdy, OT

Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits: 16 Cxl/Ns:

Visit Date: DOB:

SSN:

Aug 09, 2007 Jun 18, 1958

Pagyatdid Koofg 77-38

XXX-XX-XXXX

FSC: **BCBS** Payor: BCBS Pol/Claim#:

Name of Insured:

Employer: Student

# **Daily Note**

Diagnoses Right Elbow

72760 81305

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

**Treatment Guidelines:** 

Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Component 1

AROM/PROM elbow.

## **Subjective Examination**

**Chief Complaint:** 

• Unable to use right U/E for ADLs in usual fashion. Abnormal Sensation:

Numbness in RF,SF persists

Medical Management:

Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

## **Objective Examination**

PROM elbow flex pre-tx: 110, PROM post- tx: 130

Wounds/Incisions: Type: Surgical Incision.

Observations:

Swelling: Severity: Moderate.

Range of Motion:	Right AROM	
* Extension	-30	-30
<ul><li>Flexion(post tx)</li></ul>	115	130
Wrist Extension	40	
Wrist Flexion	60	

## **Treatments**

Exercise Activities: Range of Motion:

ROM Activity 1(Home Program Component)

ROM Activity 2(Home Program Component)

Time Blapsed: 10 Minutes, Technique: Active, Description: Elbow

flex/ext with wrist supported in VF

Time Elapsed: 5 Minutes, Side: right, Technique: Active.

Description: VF/DF with elbow supported in flex.

Manual Interventions: Soft Tissue:



Filed 05/24/2008

Pagned Eggers3
Aug 09, 2007

Visit Date:



Soft Tissue Mobilization 1

Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Lymph Drainage; retrograde, Description: retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:
• Manual ROM 2

.....

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: Passive elbow flex to tol, passive ext to tol.

Wound Management:

· Wound Management I (Hume Program Component)

Time Elapsed: 5 Minutes, Description: incrsion site care, dressing change. Topical Agent: antibiotic.

## Assessment

Reviewed goals, progress and HEP with client.

Presentation:

Moderate Improvements In: PROM post tx

## Plan

Daily Plan:

pt to transfer to Round Rock clinic to continue tx 3x a week



ase 3:003-10hys001196-pJM-LSP

3901 South Lamar Blvd Suite 140

Austin, TX USA 78704

Phone: (512) 462-3275 Fax: (512) 462-0005 ADO#UM@32407520285 Filed 05/22462008 Physician: GERARD GABEL Visit Date

Prysician: GERARD GABEL Clinician: Michelle Purdy, OT

Case Mgr: In: Date: May 10, 2007

Surg. Date:May 16, 2007 Visits: 15 Cxl/Ns: 0 Visit Date: DOB:

Pol/Claim#:

SSN:

Paymethonggers
Aug 07, 2007

Jun 18, 1958 XXX-XX-XXXX

FSC: BCBS Payor: BCBS

Name of Insured: Employer: Student

# **Daily Note**

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS 81305 FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

**Treatment Guidelines:** 

Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Component 1

AROM/PROM elbow.

## **Subjective Examination**

Chief Complaint:

• Unable to use right U/E for ADLs in usual fashion Abnormal Sensation:

Numbness in RF,SF persists

**Daily Comments:** 

No New Complaints.

Medical Management:

Surgery: S/P subcutaneous ulnar nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

## **Objective Examination**

Integument:

• Wounds/Incisions: Type: Surgical Incision.

**Observations:** 

Swelling: Severity: Moderate.

·- ·· · ·		
Range of Motion:		Right PROM
* Extension	-30	-30
• Flexion(post tx)	115	130
• Wrist Extension	40	
• Wrist Flexion	60	

## **Treatments**

Exercise Activities: Range of Motion:

\* ROM Activity 1(Home Program Component)

Time Elapsed: 10 Minutes, Technique: Active, Description: Elbow flex/ext with wrist supported in VF.

ROM Activity 2(Home Program Component)

Time Elapsed: 5 Minutes, Side: right, Technique: Active,

Description: VF/DF with elbow supported in flex.

Manual Interventions: Soft Tissue:



Filed 05/241/2008 Visit Date: Pargiech Eggéns3 Aug 07, 2007



Soft Tissue Mobilization I	Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: Lymph
MOIL I MANAGEMENT I	
	Dramage, retrograde, Description: retrograde massage to reduce
	edema, scar mob.
Manual Interventions: Range of Motion:	
* Manual ROM 2	Time Elapsed: 30 Minutes, Additional Detail: forearm neutral,
	Description: Passive elbow flex to tol, passive ext to tol
	Description: Passive crow nex to tol, passive cat to tol
Wound Management:	
Wound Management I (Home Program Component)	Time Hapsed: 5 Minutes, Description: incision site care, dressing
A METER LITERAL STUDIES OF THE STUDI	This tropomy without the care and the care a
	change Topical Agent antibiotic

## Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty. Initiated:

• massage for edema mgmt

#### Treatment Emphasis to focus on:

Range of Motion/Mobility Improvements.

## Plan

#### Recommendations:

• Continue with current program.



ase 35008t Physical Theory M-LSP 3200 Red River St.

Suite 101

Austin, TXUSA 78705

Phone: (512) 476-8857 Fax: (512) 482-8199 ADOGUMOSILANDO FILED OS/24/2008

Physician: GERARD GABEL Visit Dete

Clinician: Michelle Purdy, OT

Case Mgr:

In Date: May 10, 2007 Surg. Date: May 16, 2007

Visits: 14 Cxl/Ns: 0 Visit Date: DOB:

SSN:

FSC:

Pavor:

Aug 03, 2007

Paget18r2f-73

Jun 18, 1958 XXX-XX-XXXX

BCBS BCBS

Pol/Claim#:

Name of Insured: Employer:

Student

## Plan of Care

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS 81305 FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

#### Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty. In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

#### Impairments Identified:

Range of Motion. Flexibility. Swelling. Integumentary Status.

#### Treatment Emphasis to focus on:

Range of Motion/Mobility Improvements. Controlling and Normalizing: Swelling/Edema.

## **Problems & Goals**

Problem #1 Range of Motion.	Right AROM Right PROM
* Extension	-30  -30
• Flexion(post tx)	115   130
• Wrist Extension	40
Wrist Flexion	60

#### STG Achieve by Aug 17, 2007.

#### Client Education:

Independent Home Exercise/Self Care Program.

THE PARTY STATES AND THE CHARLES BELLE	• <del>•</del>		
Range of Motion Improvements to: Elbow:		Right AROM	
Extension		-20	-20
• Flexion		130	140
Wrist Extension		60	
<ul> <li>Wrist Flexion</li> </ul>		60	

#### Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

#### Girth Normalization:

Decreasing Swelling/Effusion to: Min levels

Problem #3 Integument: Wounds/Incisions: Type: Surgical Incision.

# Please sign and return I have reviewed this Plan of Care and certify that the skilled therapy services identified are required to meet the patient's need. Comments and/or revisions to this Plan of Care are noted below. Comments/Revisions Physician Signature Date



Filed 05/24/2008

Visit Date:

Pagach Eggers3 Aug 03, 2007



STG Achieve by Aug 17, 2007.

#### Wound Care:

• Prevent Contamination Promote Epithelialization/Granulation Tissue.

#### Plan

#### Frequency and Duration:

• It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 2 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

#### Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive
   Range of Motion Activities. Active Range of Motion Activities. Soft Tissue Mobilization Techniques. Modalities: PRN
- Additional:
  - \* Edema Management. Scar Management. Wound Management.



ase 3:00st-bhy-0017963-phM-LSP 3200 Red River St.

Suite 101

Austin, TX USA 78705

Phone: (512) 476-8857 Fax: (512) 482-8199

Clinician: Michelle Purdy, OT

In: Date: May 10, 2007

Surg. Date:May 16, 2007

14

Physician: GERARD GABEL

ADo#ume3124075)20285 Filed 05/2Ph/2008

Visit Date: DOB:

Pagenta Degg 73 Aug 03, 2007

Jun 18, 1958

SSN: XXX-XX-XXXX **BCBS** 

FSC: Payor: **BCBS** 

Pol/Claim#: Name of Insured:

Employer: Student

# Re-Evaluation Progress Report (No Re-eval Charge)

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

Case Mgr:

Visits:

CxI/Ns:

#### General Information

#### **Treatment Guidelines:**

Rehabilitative Program

Additional Detail: per MD orders dated 08/02/07, Component 1

AROM/PROM elbow.

## **Subjective Examination**

#### Chief Complaint:

• Unable to use right U/E for ADLs in usual fashion Abnormal Sensation:

Numbness in RF,SF persists

#### **Daily Comments:**

"The pain is a lot better since the surgery, I am supposed to wear the flexion splint about 2/3 of the time and the extension brace about 1/3"

#### Medical Management:

Surgery: S/P subcutaneous ulnur nerve transposition, triceps tenolysis nd capsular release, DOS 08/01/07

## **Objective Examination**

#### Integument:

Wounds/Incisions: Type: Surgical Incision.

#### **Observations:**

Swelling: Severity: Moderate.

	Aug 03, 2007	
Range of Motion:	R. Act.	Pas.
* Extension	-30	<b>-3</b> 0
• Flexion(post tx)	115	130
• Wrist Extension	40	
• Wrist Flexion	60	ĺ

## **Treatments**

#### Exercise Activities: Range of Motion:

ROM Activity 1(Home Program Component)

Time Elapsed: 10 Minutes, Technique: Active, Description: Elbow flex/ext with wrist supported in VF.



ROM Activity 2(Home Program Component)	Time Elapsed: 5 Minutes, Side: right, Technique: Active.
	Description: VF/DF with elbow supported in flex.
Manual Interventions: Soft Tissue:	•
■ Soft Tissue Mobilization 1(This visit)	Did Not Perform: This visit
Manual Interventions: Range of Motion:	
Mariua I ROM 2	Time Elapsed: 30 Minutes, Additional Detail: forearm neutral,
	Description: Passive elbow flex to tol, passive ext to tol
Wound Management:	
Wound Management I(Home Program Component)	Time Elapsed: 5 Minutes, Description: incision site care, dressing
	change, Topical Agent: antibiotic.

## Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty. In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

#### Impairments Identified:

Range of Motion. Flexibility. Swelling. Integumentary Status.

#### Treatment Emphasis to focus on:

• Range of Motion/Mobility Improvements. Controlling and Normalizing: Swelling/Edema.

## **Problems & Goals**

#### Problem #1 Range of Motion.

STG Achieve by Aug 17, 2007.

#### **Client Education:**

Independent Home Exercise/Self Care Program.

Range of Motion Improvements to: Elbow:	Right AROM	
* Extension	-20	-20
• Flexion	130	140
Wrist Extension	60	
Wrist Flexion	60	

#### Problem #2 Observations: Swelling: Severity: Moderate.

STG Achieve by Aug 17, 2007.

#### **Girth Normalization:**

• Decreasing Swelling/Effusion to: Min levels

#### Problem #3 Integument: Wounds/Incisions: Type: Surgical Incision.

STG Achieve by Aug 17, 2007.

#### Wound Care:

· Prevent Contamination. Promote Epithelialization/Granulation Tissue.

#### Plan



Visit Date:

Page 22 Pg 73 Aug 03, 2007



Frequency and Duration:

• It is recommended that the client attend rehabilitative therapy for 3 visits a week with an expected duration of 2 weeks. Interventions during the course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

· Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. Active Assistive Range of Motion Activities. Active Range of Motion Activities. Soft Tissue Mobilization Techniques. Modalities:

• Additional:

· Edema Management. Scar Management. Wound Management.

ase Sclob Physico OTheospyl M-LSP Acta of cum 03 240 752 2285 Filed 05/2 3 4 2 3 10 08 a Select Medical company

3901 South Lamar Blvd

Suite 140

Austin, TXUSA 78704 Phone: (512) 462-3275

Fax: (512) 462-9005

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT

Case Mgr: In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits: 13 Cxl/Ns:

Visit Date:

DOB:

SSN:

Pagech 3Eggfe 783 Jul 26, 2097

Jun 18, 1958 XXX-XX-XXXX

BCBS

FSC: BCBS Payor: Pol/Claim#:

Name of Insured:

Employer: Student

# **Daily Note**

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

**Treatment Guidelines:** 

Additional Detail: v/p per Dr. Gabel on 06/21/07,cont with PROM, Rehabilitative Program Component 1: with goal of elbow 120 flex, -30 ext, Component 2: specific instructions for elbow flex solint (will, Component 3: obtain design info from therapist in Houston), Component 4. Dynasplint for elbow ext

## **Subjective Examination**

Chief Complaint:

Unable to use right U/E for ADLs in usual fashion

**Daily Comments:** 

Pt reports numbness in RF,SF persists

## **Objective Examination**

PROM elbow flex post tx: 100

**Integument: Scars: Characteristics:** Right Pliability improving mobility

**Observations:** 

Swelling: Severity: Appears to be decreasing to min

Range of Motion:	Right AROM	Right PROM
* Extension	-70	-30
* Flexion(post tx)	90	100
* Pronation		75
Supination		75

## **Treatments**

Exercise Activities: Range of Motion:

 Elbow Extension ROM(This visit) Did Not Perform: This visit Elbow Flexion ROM(This visit) Did Not Perform: This visit

Manual Interventions: Soft Tissue:



Pagera Argers Jul 26, 2007

Visit Date:



Soft Tissue Mobilization 1	Time Elapsed: 10 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in
	protected position, Description: retrograde massage to reduce edema, scar mob, # of people in group: also STM triceps/biceps.
Manual Interventions: Range of Motion:	war man, a or bachir mr Brank, aray or ur himchorametry
* Manual ROM 1(This visit)	Did Not Perform. This visit
Manual ROM 2	Time Elapsed: 20 Minutes, Additional Detail: forearm neutral,
	Description: Passive albow flex to tol, passive ext to tol.
Manual Interventions: Neural Glides:	•
Ulnar Nerve(This visit)	Did Not Perform: This visit
Modalities:	
• Electric Start, Unattended(This visit)	Did Not Perform: This visit
Moist Hot Pack	Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical
	Use: Pre Activity.

## Orthotics/Prosthetics: Modifications:

Adjust Thermoplastic (This visit)

Did Not Perform: This visit

## Assessment

#### Presentation:

Achieved 100 elbow flex post tx, pt reported difficulty tolerating beyond this point due to pain in elbow

## Plan

#### Daily Plan:

• Pt has follow-up with Dr. Gabel next week, pending possible sx

a Select Medical company

case \$clock Physical Thomasy M-LSP AcQuicum 052401/526285 Filed 05/241/2008 3901 South Lamar Blvd

Suite 140

Austin, TX USA 78704

Phone: (512) 462-3275 Fax: (512) 462-0005

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits: 12 Cxl/Ns:

Visit Date:

Employer:

DOB:

SSN:

FSC:

Pagge 25 of e73 Jul 24, 2007

Jun 18, 1958 XXX-XX-XXXX

**BCBS** 

Payor: Pol/Claim#: Name of Insured:

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

**Treatment Guidelines:** 

 Rehabilitative Program Additional Detail: v/p per Dr. Gabel on 06/21/07, cont with PROM. Component 1: with goal of elbow 120 flex, -30 ext, Component 2: specific instructions for elbow flex solirit (will, Component 3: obtain design info from therapist in Houston). Component 4 Dynasplint for elbow ext.

## **Subjective Examination**

#### **Chief Complaint:**

Unable to use right U/E for ADLs in usual fashion

#### Daily Comments:

"My fingers have been numb since last week"; "I talked to Dr. Gabel, he may do an ulnar nerve transposition if this keeps up, I have an appt with him on Friday"

## **Objective Examination**

PROM elbow flex post tx: 100

Integument: Scars: Characteristics:	Right
• Pliability	Improving mobility
Observations:	

Swelling: Severity: Appears to be decreasing to min

8		
Range of Motion:	Right AROM	Right PROM
* Extension	-70	-30
Flexion(post tx)	90	100
* Pronation		75
* Supination		75

## **Treatments**

Exercise Activities: Range of Motion:

* Elbow Extension ROM(Home Program Component)	Time Blapsed: 4 Minutes, Type: Active.
<ul> <li>Elbow Flexion ROM(Home Program Component)</li> </ul>	Time Elapsed: 4 Minutes, Type: Active.



Visit Date:

Pagytitel6Rgge73
Jul 24, 2007



## Manual Interventions: Soft Tissue:

Soft Tissue Mobilization I Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique:
 strumming, multidirectional, Additional Detail: elbow/forearm in
 protected position, Description: retregrade massage to reduce edema,

scar mob, # of people in group: also STM triceps/biceps.

#### Manual Interventions: Range of Motion:

Manual ROM I(This visit)
 Did Not Perform: This visit

Manual ROM 2
 Time Elapsed: 30 Minutes, Additional Detail: forearm neutral,
 Description: Passive elbow flex to tol, passive ext to tol.

Manual Interventions: Neural Glides:

Ulnar Nerve Time Elapsed: 5 Minutes, Technique: Moblize & Elcrigate.

Modalities:

\* Electric Stim, Unattended(This visit) Did Not Perform. This visit

Moist Hot Pack
 Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical

Use: Pre Activity.

Orthotics/Prosthetics: Modifications:

Adjust Thermoplastic (This visit)
 Did Not Perform: This visit

#### Assessment

# adjusted padding on splint again to help relieve any possible pressure on ulnar nerve Tolerance:

• pt reports some relief with ulnar nerve glides

## Plan

#### Daily Plan:

• continue tx focusing on improving elbow motion while preventing aggravation of ulnar nerve sensitivity

a Select Medical company

Case SciOnSPhysicaOThomapyIM-LSP AcDorcumos2x401/52/2285 Filed 05/2/24/24008

3901 South Lamar Blvd Suite 140 Austin, TX USA 78704

Phone: (512) 462-3275 Fax: (512) 462-0005

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT

Case Mgr: In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits 11 Cxl/Ns:

Visit Date:

DOB:

SSN:

FSC:

Pagnel Left 73 Jul 19, 2007

Jun 18, 1958 XXX-XX-XXXX

**BCBS** 

Payor: Pol/Claim#: Name of Insured: Employer:

# **Daily Note**

Diagnoses Right Elbow

72760 NONTRAUM TENDON RUPT NOS 81305 FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

Treatment Guidelines:

Additional Detail: v/p per Dr. Gabel on 06/21/07,cont with PROM, Rehabilitative Program Component 1: with goal of elbow 120 flex, -30 ext, Component 2: specific instructions for elbow flex solint (will, Component 3: obtain design info from therapist in Houston). Component 4 Dynasplint for elbow ext.

## **Subjective Examination**

#### **Chief Complaint:**

Unable to use right U/E for ADLs in usual fashion

#### **Daily Comments:**

Ocassional numbness in RF,SF

## **Objective Examination**

PROM elbow flex post tx: 100

Integument: Scars: Unaracteristics:	Kignt
* Pliability	Improving mobility

#### **Observations:**

Swelling: Severity: Appears to be decreasing to min

Range of Motion:		Right PROM
* Extension	-70	-30
• Flexion(post tx)	90	100
Pronation	 	75
Supination		75

## **Treatments**

#### Exercise Activities: Range of Motion:

Excitist fittings. Italiae of Motion.	
* Elbow Extension ROM(Home Program Component	) Time Elapsed: 2 Minutes, Type: Active
<ul> <li>Elbow Flexion ROM(Home Program Component)</li> </ul>	Time Elapsed: 2 Minutes, Type: Active.

Manual Interventions: Soft Tissue:



Paymed Suggets



Jul 19, 2007

Soft Tissue Mobilization I	Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumining, multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob, # of people in group: also STM triceps/biceps.
Manual Interventions: Range of Motion:	Did Not Perform: This visit  Time Elapsed: 30 Minutes, Additional Detail: forearm neutral,  Description: Passive elbow flex to tol, passive ext to tol.

#### **Modalities:**

<ul> <li>Electric Stim, Unattended(This visit)</li> </ul>	Did Not Perform: This visit
<ul> <li>Moist Hot Pack</li> </ul>	Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical
	Use: Pre Activity.

#### Orthotics/Prosthetics: Modifications:

																			- 11																		
																																	$\mathbf{a}$				
																																	SU				
																								-Air													

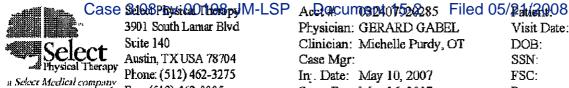
## Assessment

Spoke with Dr. Gabel, ok to begin AROM, continue focus on improving elbow flex The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.

## Plan

#### Daily Plan:

monitor numbness/paraesthesias along ulnar nerve distribution, continue focus on improving elbow flex



3901 South Lamar Blvd

Suite 140

Austin, TX USA 78704 Phone: (512) 462-3275

Fax: (512) 462-0005

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT

Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits Cxl/Ns: Û Visit Date:

DOB:

SSN:

FSC:

Page 29 of 73 Jul 10, 2007

Jun 18, 1958 XXX-XX-XXXX

BCBS

Payor: Pol/Claim#: Name of Insured: Employer:

# **Daily Note**

Diagnoses Right Elbow

81305

NONTRAUM TENDON RUPT NOS

FX RADIUS HEAD-CLOSED 81322 FX ULNA SHAFT-CLOSED

## General Information

Treatment Guidelines:

Rehabilitative Program

Additional Detail: w/p per Dr. Gabel on 06/21/07,cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext, Component 2. specific instructions for elbow flex solint (will, Component 3: obtain design info from therapist in Houston), Component 4 Dynasplint for elbow ext.

## **Subjective Examination**

**Chief Complaint:** 

· Unable to use right UÆ for ADLs in usual fashion

**Daily Comments:** 

• "I made some modifications to my splint"

## **Objective Examination**

PROM elbow flex post tx: 100

Integument: Scars: Characteristics: Right Pliability Improving mobility

**Observations:** 

Swelling: Severity: Appears to be decreasing to min

Range of Motion:	Right PROM
* Extension	-30
• Flexion(post tx)	100
* Pronation	75
<ul> <li>Supination</li> </ul>	75

Splint/Orthosis Check: Splint Condition:

 Non-Professionally Altered. splint appears modified at shoulder component with football pads for base and fishing reel for mechanism of tightening tension in line; however, appears to demo appropriate line of pull for elbow flexion and appears to be performing desired result, advised pt to check with physician at follow-up on 07/12/07 and if ok to wear

## **Treatments**



Visit Date:

Pagustan Regarda Jul 10, 2007



Manual Interventions: Soft Tissue:	
Soft Tissue Mobilization: I	Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique:
	strumming, multidirectional, Additional Detail: elbow/forearm in
	protected position. Description: retrograde massage to reduce edema.
	scar mob, # of people in group, also STM triceps/biceps.
Manual Interventions: Range of Motion:	
Manual ROM I	Time Elapsed: 8 Minutes, Additional Detail: to tolerance, Description: Gentle passive pro/sup with albow support: 90 flex.
■ Manual ROM 2	Time Elapsed: 30 Minutes, Additional Detail: forearm neutral,
	Description: Passive elbow flex to tol, passive ext to tol.
Modalities:	
Electric Stim, Unattended	Time Elapsed: 15 Minutes, PPS: 30, Location: posterior
	elbow/triceps, Mode: Continuous, Type: Interferential, Additional
	Detail: during PROM flex, Clinical Use: Post Activity
<ul> <li>Moist Hot Pack</li> </ul>	Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical

#### Assessment

called Dr. Gabel's office to discuss when to initiate AROM and splint modifications, office closed (after business hours), left message an voice mail directed for Edwin, his assistant Initiated:

Use: Pre Activity.

• IFC to help relieve pain and improve tolerance to PROM; pt demo mild improvement to PROM and reported decreased pain during this ex with application of IFC demo improved PROM pro/sup

## Plan

#### Daily Plan:

• pt has follow-up with Dr. Gabel on 07/12/07



ase \$1982 bysi@071969 by M-LSP Action 06240 152 0285 Filed 05/24 1620 08 3901 South Lamar Blvd

Stite 140

Austin, TX USA 78704 Phone: (512) 462-3275

Fax: (512) 462-0005

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT

Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits: Cxl/Ns: 0 Visit Date:

Page: B Leger 3 Jul 05, 2007

Jun 18, 1958

**BCBS** 

DOB: SSN:

FSC: Payor:

Pol/Claim#: Name of Insured:

Employer:

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

#### **Treatment Guidelines:**

Rehabilitative Program

Additional Detail: v/p per Dr. Gabel on 06/21/07,cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext, Component 2. specific instructions for elbow flex solint (will, Component 3: obtain design info from therapist in Houston), Component 4. Dynasplint for elbow ext

## Subjective Examination

#### **Chief Complaint:**

• Unable to use right U/E for ADLs in usual fashion

#### **Daily Comments:**

"The extension splint seems to be working well, I just can't wear it for as many hours as she told me to:" pt reports wearing flex splint 1-2 x a day for an hour or so due to school schedule

## **Objective Examination**

PROM elbow flex post tx: 100

Integument: Scars: Characteristics: Phability

Improving mobility

**Observations:** 

Swelling: Severity: Appears to be decreasing to min

· · · · · · · · · · · · · · · · · · ·	
Range of Motion:	Right PROM
• Extension	-30
<ul> <li>Flexion(post tx)</li> </ul>	100
• Pronation	50
<ul> <li>Supination</li> </ul>	60

## **Treatments**

#### Manual Interventions: Soft Tissue:

Soft Tissue Mobilization 1

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in protected position. Description: retrograde massage to reduce edema, scar mob, # of people in group: also STM triceps/biceps.

#### Manual Interventions: Range of Motion:

Marual ROM 1

Time Elapsed: 8 Minutes, Additional Detail to tolerance Description: Gentle passive pro/sup with elbow support 90 flex.



Case 3:08-cv-00198-JM-LSP

Document 15-2

Filed 05/2/4/2008 Visit Date: Panterchi2Eggers
Jul 05, 2007

Manual ROM 2

Time Elapsed: 30 Minutes, Additional Detail: forearm neutral, Description: Passive elbow flex to tol, passive ext to tol.

Modalities:

Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical Use: Pre Activity.

#### Assessment

Reviewed goals, progress and HEP with client.

Advised pt to increase wear time and frequency of wear with elbow flex splint to at least 4-6 hours/day however pt reported difficulty with wear time due to school schedule and need to write with right hand; Reinforced importance of splint and brace wear and consistency of wear time, increasing tension to tolerance in order to increase gains in elbow flex particularly Tolerance:

• Tried to gradual progressive tension/pressue with passive flexion and sustained hold at EROM but still appears limited at approx 100 elbow flex due to c/o pain and pt not able to tolerate greater than 100 flex at this time, demo guarding beyond this point

## Plan

#### Recommendations:

continue focus on improving elbow flex



ase 3:10:8Physio20110-06-pylM-LSP AcDid-cum03:2:401752-0285 Filed 05/2:31/2:1008 3901 South Lamar Blvd

Suite 140

Austin, TX USA 78704 Phone: (512) 462-3275

Fax: (512) 462-0005

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT

Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007

Visits: 8 Cxl/Ns: 0 Note Date:

Pagech Legic 7s3 Jul 03, 2007

Jun 18, 1958

**BCBS** 

DOB: SSN:

FSC: Payor:

> Pol/Claim#: Name of Insured:

Employer:

# Administrative Additional Comments

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## **General Information**

#### **Communication With:**

· Patient. Stacy, Dynasplint rep, attended session and fit pt with static progressive elbow ext brace

# HEALTHSOUTH!-LSP

ADO#UM9304075020285 Filed 05/20162008 Physician: GERARD GABEL

Visit Date:

Pageta4Egga3 Jun 29, 2007

Case Mgr:

Visits:

CxI/Ns:

Clinician: Michelle Purdy, OT

DOB: SSN:

Jun 18, 1958

Austin-Red River 3200 Red River St. Suite 101

Austin, TX USA 78705

Phone: (512) 476-8857 Fax: (512) 482-8199

In Date: May 10, 2007 Surg. Date:May 16, 2007 FSC:

**BCBS** 

Payor: Pol/Claim#:

Name of Insured:

Employer:

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS

FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

#### **Treatment Guidelines:**

Rehabilitative Program

Additional Detail: v/p per Dr. Gabel on 06/21/07, cont with PROM, Component 1: with goal of elbow 120 flex, -30 ext, Component 2. specific instructions for elbow flex solint (will, Component 3: obtain design info from therapist in Houston), Component 4 Dynasplint for elbow ext.

## **Subjective Examination**

#### **Chief Complaint:**

Unable to use right U/E for ADLs in usual fashion

#### **Daily Comments:**

"the splint seems to be helping, I feel I can bend my elbow a little more"

## **Objective Examination**

PROM elbow flex post tx: 95

**Integument: Scars: Characteristics:** Phability

Right

Improving mobility

Observations:

Swelling: Severity: Appears to be decreasing to min

Range of Motion:	Right PROM
	-30
• Flexion(post tx)	100
• Pronation	60
• Supination	60

#### Splint/Orthosis Check:

Added Merritt component and line to elbow flex splint (in place of theratube)

## **Treatments**

#### Manual Interventions: Soft Tissue:

Soft Tissue Mobilization 1

Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming, multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob

Manual Interventions: Range of Motion:

Manual ROM I(This visit)

Did Not Perform: This visit



Document 15-2

Filed 05/24t/2008 Visit Date: Pagited Eggers3 Jun 29, 2007

Manual ROM 2

Time Elapsed: 25 Minutes, Additional Detail: to tolerance, Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

Modalities:

Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical

Use: Pre Activity

#### Assessment

The client tolerated today's treatment/therapeutic activity with minimal complaints of pain and difficulty. Reviewed goals, progress and HEP with client.

#### Presentation:

• Demo improved passive elbow ext to -30 and passive flex to 100 post tx

## Plan

#### Daily Plan:

Dynasplint rep to attend next session and fit pt with elbow ext splint

# **HEALTHSOUTH!**-LSP

South Lamar

3901 South Lamar Blvd

Suite 140

Austin, TX USA 78704

Phone: (512) 462-3275 Fax: (512) 462-0005

ADD#cum@324075-22285 Filed 05/2P1/2-008

Physician: GERARD GABEL Clinician: Michelle Purdy, OT

Visit Date: DOB:

Patenti Go Egg (c78) Jun 26, 2007

Jun 18, 1958

BCBS

SSN: Case Mgr:

Ing. Date: May 10, 2007. Surg. Date:May 16, 2007

Visits: 7 Cxl/Ns: 0 Payor: Pol/Claim#:

Employer:

FSC:

Name of Insured:

## Plan of Care

Diagnoses Right Elbow

81305

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session. Impairments Identified:

Range of Motion. Flexibility. Soft Tissue Mobility.

Treatment Emphasis to focus on:

· Range of Motion/Mobility Improvements.

## **Problems & Goals**

Problem #1 Medical Management: Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

Goal Achieved May 31, 2007.

Splint fabrication for immobilization and protection post-op repair

**Client Education:** 

Understands Contraindications/Precautions.

Goal Achieved Jun 21, 2007.

**Client Education:** 

Donning-Doffing/Use-Care and Wear of Orthosis.

Modify splint PRN for continued wear

Problem #2 Observations: Swelling: Severity: Appears to be decreasing to min

LTG Achieve by Jun 28, 2007. Some progress.

Girth Normalization:

Decreasing Swelling/Effusion to: Mild Levels.

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Jun 28, 2007. Some progress.

Improve mobility to mild restrictions

Problem #4 Range of Motion.

STG Achieve by Jul 05 2007

SIG Active by July 05, 2007.	
Range of Motion Improvements to: Elbow:	Right PROM
Extension	-30
• Flexion	115
Pronation	60
• Supination	60

LTG Achieve by Jul 19, 2007.

Range of Motion Improvements to: Elbow:

Right PROM

Please sign and return

I certify that the above rehabilitation services are required and approved by me. This patient is under my care and this plan of care will be reviewed every 30 days.

Physician Signature

Date



Document 15-2

Filed 05/241/2008 Visit Date: Pagite & Eggérs 3 Jun 26, 2007

* Flexion	120
Pronation	80
Supination.	80

# Plan

The goals and plan were discussed with the client and/or family and they concur. Instructions included to call regarding problems or questions. It is recommended that the client attend rehabilitative therapy twice weekly. Expected rehabilitation duration, under the current prescription, is four weeks. Interventions during this course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. AROM when approved by physician Modalities: Moist Hot Pack. Soft Tissue Mobilization Techniques.
- Additional:
  - Scar Management. orthoplast dynamic elbow flex splint; Dynasplint for elbow extension

Michelle Purdy, OT, OT(TX Lic: 106584),OTR/L

# HEALTHSOUTH!-LSP

ADO#UM9324075920285 Filed 05/2Pb02008 Physician: GERARD GABEL

Visit Date: DOB:

Pagunta Broggers Jun 26, 2007

Case Mgr:

Visits:

Cxl/Ns:

Clinician: Michelle Purdy, OT

SSN:

Jun 18, 1958

South Lamar

3901 South Lamar Blvd

Suite 140

Austin, TX USA 78704

Phone: (512) 462-3275 Fax: (512) 462-0005

In: Date: May 10, 2007

FSC:

**BCBS** 

Surg. Date:May 16, 2007 Payor: Pol/Claim#: Name of Insured:

Employer:

# Re-Evaluation Progress Report (No Re-eval Charge)

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

### General Information

#### **Treatment Guidelines:**

Rehabilitative Program

Additional Detail: v/p per Dr. Gabel on 06/21/07, cont with PROM. Component 1: with goal of elbow 120 flex, -30 ext, Component 2: specific instructions for elbow flex solint (will, Component 3: obtain design info from therapist in Houston). Component 4. Dynasplint for elbow ext

# **Subjective Examination**

#### **Chief Complaint:**

Unable to use right U/E for ADLs in usual fashion

#### Medical Management:

Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

# **Objective Examination**

PROM elbow flex post tx: 95

Integument: Scars: Characteristics: Right Pliability Improving mobility

#### **Observations:**

Swelling: Severity: Appears to be decreasing to min

	May 31, 2007	Jun 26, 2007
Range of Motion:	R. Pas.	R. Pas.
• Extension	-60	<b>-4</b> 0
<ul> <li>Flexion(post tx)</li> </ul>	90	95
<ul> <li>Pronation</li> </ul>	30	60
<ul> <li>Supination</li> </ul>	30	60

### **Treatments**

#### Manual Interventions: Soft Tissue:

Soft Tissue Mobilization 1(This visit)	Did Not Perform. This visit
Manual Interventions: Range of Motion:	
Manual ROM 1(This visit)	Did Not Perform: This visit
<ul> <li>Manual ROM 2(This visit)</li> </ul>	Did Not Perform: This visit
Modalities:	
<ul> <li>Moist Heat Pack(This visit)</li> </ul>	Did Not Perform: This visit
Outhotics/Depathetics, Madifications	

#### Orthotics/Prosthetics: Modifications:

 Adjust Thermoplastic(This visit) Did Not Perform: This visit Orthotics/Prosthetics: Elbaw:

Orthotic Fitting/Fabrication
 Additional Detail: fabricated dynamic elbow flex splint, Time
 (Fitting/Fabrication): 15, Break In: Instructed, Care/Use: Instructed,
 Donning/Doffing: Instructed, Proper Fit: Instructed.

#### Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

• Range of Motion. Flexibility. Soft Tissue Mobility.

Treatment Emphasis to focus on:

Range of Motion/Mobility Improvements.

### **Problems & Goals**

Problem #1 Medical Management: Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07 Goal Achieved May 31, 2007.

Splint fabrication for immobilization and protection post-op repair

**Client Education:** 

• Understands Contraindications/Precautions.

Goal Achieved Jun 21, 2007.

**Client Education:** 

· Donning-Doffing/Use-Care and Wear of Orthosis.

Modify splint PRN for continued wear

Problem #2 Observations: Swelling: Severity: Appears to be decreasing to min

LTG Achieve by Jun 28, 2007. Some progress.

Girth Normalization:

· Decreasing Swelling/Effusion to: Mild Levels.

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Jun 28, 2007. Some progress.

Improve mobility to mild restrictions

Problem #4 Range of Motion.

STG Achieve by hit 05, 2007.

Range of Motion Improvements to: Elbow:	Right PROM
• Extension	-30
• Flexion	115
• Pronation	50
* Supination	60
LTG Achieve by Jul 19, 2007.	
Range of Motion Improvements to: Elbow:	Right PROM
• Flexion	120
• Propation	00
	80

# Plan

The goals and plan were discussed with the client and/or family and they concur. Instructions included to call regarding problems

or questions. It is recommended that the client attend rehabilitative therapy twice weekly. Expected rehabilitation duration, under the current prescription, is four weeks. Interventions during this course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Therapeutic Contents:

Client Education. Home Exercise Program. Passive Range of Motion Activities. Manual Range of Motion Activities. AROM when approved by physician Modalities: Moist Hot Pack. Soft Tissue Mobil: zation Techniques.

Additional:

• Scar Management. orthoplast dynamic elbow flex splint; Dynasplint for elbow extension

Michelle Purdy, OT, OT(TX Lie: 106584), OTR/L

Physician GERARD CARET Visit Date:

SSN:

Padie: M.Eggér 73 Jun 22, 2007

Case Mgr:

Clinician: Michelle Purdy, OT

DOB:

Jun 18, 1958

**BCBS** 

Austin-Hand Center

3705 Medical Parkway Suite 515

Austin, TX USA 78705

Phone: (512) 452-6475 Fax: (512) 371-7051

In: Date: May 10, 2007

FSC: Surg. Date:May 16, 2007 Payor:

Visits: 6 Cxl/Ns: 0

Pol/Claim#: Name of Insured:

Employer:

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

# General Information

Treatment Guidelines:

Additional Detail: v/p per Dr. Gabel on 06/21/07, cont with PROM, Rehabilitative Program Component I: with goal of elbow 120 flex, -30 ext, Component 2.

specific instructions for elbow flex solint (will, Component 3: obtain design info from therapist in Houston), Component 4. Dynasplint for

elbow ext.

# **Subjective Examination**

**Chief Complaint:** 

· Unable to use right U/E for ADLs in usual fashion

**Daily Comments:** 

• Pt brought in new orders to continue therapy and for orthoplast elbow flex splint and dynasplint ext brace

Medical Management:

Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

# **Objective Examination**

PROM elbow flex post tx: 95

Right **Integument: Scars: Characteristics:** Mild Phability

Observations:

Swelling: Severity: Moderate

- Swelling, Beverly, Moderate.	
Range of Motion:	Right PROM
* Extension	-40
• Flexion	90
* Pronation	······································
Summation	60

# **Treatments**

Manual Interventions: Soft Tissue:

Time Elapsed: 15 Minutes, Tx Depth. Moderate, Technique: Soft Tissue Mobilization 1 strumming, multidirectional, Additional Detail: elbow/forearm in protected position, Description, retrograde massage to reduce edema, scar mob.

Manual Interventions: Range of Motion:

Time Elapsed: 15 Minutes, Additional Detail: to tolerance, Manual ROM I Description: Gentle passive pro/sup with elbow support 90 flex. Manual ROM 2

Time Elapsed: 15 Minutes, Additional Detail: to tolerance, Description: Gentle passive elbow flex/ext w/FA/wrist neutral.

Modalities:

Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical

Use: Pre Activity

**Orthotics/Prosthetics: Modifications:** 

Adjust Thermoplastic (This visit)

Did Not Perform: This visit

### Assessment

called Dynasplint and sent required info to order elbow ext brace

The client tolerated today's treatment/therapeutic activity with mild complaints of pain and difficulty.

Presentation:

Able to achieve approx 95 degrees flex in elbow post tx

Treatment Emphasis to focus on:

Range of Motion/Mobility Improvements.

## Plan

### Daily Plan:

· Fabricated elbow flex splint next session

Michelle Purdy, OT, OT(TX Lic: 106584)

AcD#cun032407520285 Filed 05/24/2008 Physician: GERARD GABEL Visit Date:

Physician: GERARD GABEL

Visit Date:

Partiec43 ggfe 783 Jun 19, 2007

BCBS

Clinician: Michelle Purdy, OT

Case Mgr:

DOB: SSN:

FSC:

Jun 18, 1958

South Lamar

3901 South Lamar Blvd.

Suite 140

Austin, TX USA 78704

Phone: (512) 462-3275 Fax: (512) 462-0005

In Date: May 10, 2007

Surg. Date:May 16, 2007

Visits: 5 Cxl/Ns: 0 Payor: Pol/Claim#:

Employer:

Name of Insured:

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS

FX RADIUS HEAD-CLOSED 81322 FX ULNA SHAFT-CLOSED

# General Information

#### **Treatment Guidelines:**

Additional Detail: v/o per Dr. Gabel, fabricate poster or elbow, Rehabilitative Program Component 1: splint with elbow 90 flex, FA neutral/slight sup, Component 2: begin gentle PROM for elbow with FA neutral; Component 3: gentle PROM FA with elbow at 90 flex.

# **Subjective Examination**

#### **Chief Complaint:**

Unable to use right U/E for ADLs in usual fashion

#### **Daily Comments:**

Pt reports splint continuing to fit well

#### Medical Management:

Surgery: S/P ORIF with plate for ulna, triceps repair, DOS 05/16/07

# **Objective Examination**

Integument: Scars: Ch	Right	
<ul> <li>Pliability</li> </ul>	Mild	
Observations:		

Swelling: Severity: Moderate.

Timile of 1/104/011	Right PROM
* Extension	-40
• Flexion	90
Pronation	60
<ul> <li>Supination</li> </ul>	60

# **Treatments**

#### **Manual Interventions: Soft Tissue:**

																										ı Si P	11 I (	n W	m	n	11	l	P	35						p P	l,	À	di e	ti I	ci	ia Ta						• • •	 						99	 R		:
		 	:::	 	 ***	•	 :	•	 ٠.,	٠.	 	 	200	:::			**											и	1	п	ОГ	η.		٠.,	٠,٠,٠	 	 ٧٠,	٠٠,	···	 	٠		 -:-	0.0		•••	•••	• • •	••••	 ٠.	 •••	:::	:::	•	***	***	-14-	93			. : :	ì

### Manual Interventions: Range of Motion:

TATELL	uai L	uu.	LYLL	uus.	LEGIL	Er (	N TATI	ILIUII	•																				
N.	โลกแลไ	RO	M 1											1	me	Elar	sed.	15	Min	utes	Ad	ditio	nal	Deta	il ŧ	o to	c and	æ	
														· T)	eser	inno	m: Ci	ent	e na	SSIV6	nre	SUE	<i>₩</i> 11	hell	woo	SUB	nort S	0 fle	X
• N	[anua]	RO	M 2	0.00.000	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	314666		5044466	*******	40-0-00-0-0-	2040424	0-0000	 0-0-0-0-0-0-	T	me	Elar	sed:	15	Min	utes	Ad	ditio	nal	Deta	ail t	o tol	erano	::::::::::::::::::::::::::::::::::::::	1554
																				-	•						rist n	-	1.



Document 15-2

Filed 05/24/2008 Visit Date: Paget Deget 3
Jun 19, 2007

Modalities:

· Moist Hot Pack

Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical

Use Pra Activity

Orthotics/Prosthetics: Modifications:

Adjust Thermoplastic (This visit)

Did Not Perform: This visit

### Assessment

#### Presentation:

• Elbow flex passively continues to be limited by pt reports of pain, unable to progress past 90 flex without eliciting guarded response

## Plan

#### Daily Plan:

Pt has follow-up with Dr. Gabel on 06/21/07

Michelle Purdy, OT, OT(TX Lic: 106584),OTR/L

HEALTHSOUTHS ACRECUMOSTANTSONS FILED 05/24/2008

Physician: GERARD GABEL

Clinician: Michelle Purdy, OT DOB: Pagac45gfc73 Jun 12, 2007

Case Mgr:

Cxl/Ns:

In. Date: May 10, 2007

٥

SSN: FSC:

Jun 18, 1958

South Lanuar

3901 South Lamar Blvd

Suite 140

Austin, TX USA 78704

Phone: (512) 462-3275 Fax: (512) 462-0005

**BCBS** 

Surg. Date:May 16, 2007 Visits:

Pavor: Pol/Claim#:

Name of Insured: Employer:

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS 81305 FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## General Information

**Treatment Guidelines:** 

Additional Detail: v/o per Dr. Gabel, fabricate poster or elbow, Rehabilitative Program Component 1: splint with elbow 90 flex, FA neutral/slight sup. Component 2: begin gentle PROM for elbow with FA neutral, Component 3: gentle PROM FA with elbow at 90 flex.

# **Subjective Examination**

Chief Complaint:

Unable to use right U/E for ADLs in usual fashion

**Daily Comments:** 

"The splint is fine during the day but it bothers me at night I am not sure why, so I cut out the part around my wrist and that helped" Medical Management:

Surgery: S/P ORIF with plate for ulna, triceps repair, DOS 05/16/07

# **Objective Examination**

Integument: Scars: Characteristics: Right Pliability Mild

Integument:

Demo mild rash/skin irritation possibly due to heat and/or sweating in splint

Observations:

Swelling: Severity: Moderate.

Range of Motion:	Right PROM
* Extension	-40
• Flexion	90
Pronation	60
<ul> <li>Supination</li> </ul>	60

Splint/Orthosis Check: Splint Condition:

• Non-Professionally Altered. portion around ulnar styloid has been cut out; pt reports he did this because at night has some discomfort in that area but ok during the day

# **Treatments**

Manual Interventions: Soft Tissue:

Document ID: 07701E38.005

 Soft Tissue Mobilization 1 Time Elapsed: 15 Minutes, Tx Depth: Moderate, Technique: strumming multidirectional, Additional Detail: elbow/forearm in protected position, Description: retrograde massage to reduce edema, scar mob.



Document 15-2

Filed 05/24/2008 Visit Date: Pagyentello Eggers
Jun 12, 2007

Manual Interventions: Range of Motion:	
• Manual ROM 1	Time Elapsed: 15 Minutes, Additional Detail: to tolerance,
<ul> <li>Manual ROM 2</li> </ul>	Time Elapsed: 15 Minutes, Additional Detail: to tolerance,

Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

Modalities:

\* Moist Hot Pack Time Elapsed: 15 Minutes, Location: Anterior/Posterior, Clinical

Use: Pre Activity:
Orthotics/Prosthetics: Modifications:

Adjust Thermoplastic
 Time Blapsed: 15 Minutes, Component :: remolded splirt for fit/coemfort and skin cond, Component 2: holes for seration.

### Assessment

Pt reported good comfortable fit of splint post remolding; advsised pt again that if he as any discurfort to let therapist know and will modify splint instead of alterating on his own--pt acknowledged good understanding

Presentation:

• Pt demo AROM in sup/pro with no c/o pain, elbow flex limited by reports of discomfort/pain in posterior elbow

### Plan

### Daily Plan:

\* Pt is going out of town on vacation, will see upon return; monitor skin condition and splint

Michelle Purdy, OT, OT(TX Lic: 106584), OTR/L

AcD#cun022407520285 Filed 05/24120008 Physician: GERARD GAREL. Visit Date:

Physician: GERARD GABEL Visit Date: Clinician: Michelle Purdy, OT

DOB:

Pandiech Eggen 3 Jun 07, 2007 Jun 18, 1958

BCBS

Case Mgr:

In: Date: May 10, 2007 Surg. Date:May 16, 2007 FSC: Payor:

SSN:

Suite 140 Austin, TX USA 78704 Phone: (512) 462-3275 Fax: (512) 462-0005

Visits: 3 Cxl/Ns: 0

Pol/Claim#: Name of Insured:

Employer:

# **Daily Note**

South Lamar

3901 South Lamar Blvd

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

### General Information

#### **Treatment Guidelines:**

 Rehabilitative Program Additional Detail: v/o per Dr. Gabel, fabricate poster or elbow, Component 1: splint with elbow 90 flex. FA neutral/slight sup, Component 2. begin gentle PROM for elbow with FA neutral, Component 3: gentle PROM FA with elbow at 90 flex:

# Subjective Examination

#### **Chief Complaint:**

Unable to use right U/E for ADLs in usual fashion

#### **Daily Comments:**

"The splint is fitting well, it's a little uncomfortable around this area of the wrist (ulnar styloid)"

#### Medical Management:

Surgery: S/P ORIF with plate for ulna, triceps repair, DOS 05/16/07

# **Objective Examination**

Performed minor adjustment (domed area to relieve any pressure) in region of ulnar styloid

Integument: Scars: Characteristics:	Right
• Phability	Mild
Observations:	

Swelling: Severity: Moderate

by ching, beverity, whoelene.	
Range of Motion:	Right PROM
* Extension	-40
• Flexion	90
* Promition	60
Supination	60

### **Treatments**

#### Manual Interventions: Soft Tissue:

• SOR Pissue Modifization 1	of surrounce multidizational Additional Pater allowed from the	1170
	protected position. Description: retrograde massage to reduce ed	dema

#### Manual Interventions: Range of Motion:

Time Blapsed: 15 Minutes, Additional Detail: to tolerance,
Description: Gentle passive pro/sup with elbow support 90 flex.

Filed 05/24ti2008 Visit Date: Paytetel Egge F3
Jun 07, 2007

Manual ROM 2

Time Elapsed: 15 Minutes, Additional Detail: to tolerance, Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

### Assessment

# pt reported improved comfort of splint at wrist post minor adjustment Presentation:

• Moderate Improvements In: Range of Motion due to: Decreased Stiffness. Demo improved passive ROM in albow ext and pro/sup with no c/pain, passive flex performed to pt tol and limited by discomfort

# Plan

#### Recommendations:

· Continue with current program.

Michelle Purdy, OT, OT(TX Lic: 106584), OTR/L

Prysician: GERARD GAREI Vicit Data:

Page: 40getr 73 Jun 05, 2007

DOB: Clinician: Michelle Purdy, OT

Case Mgr:

SSN:

Jun 18, 1958

South Lamar

3901 South Lamar Blvd

In: Date: May 10, 2007 Surg. Date:May 16, 2007 FSC:

**BCBS** 

Suite 140

Austin, TX USA 78704

Visits: Cxl/Ns: Pavor: Pol/Claim#:

Phone: (512) 462-3275 Fax: (512) 462-0005

Name of Insured:

Employer:

# **Daily Note**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

## **General Information**

Treatment Guidelines:

Additional Detail: v/o per Dr. Gabel, fabricate poster or elbow, Rehabilitative Program

Component 1: splint with elbow 90 flex, FA neutral/slight sup, Component 2: begin gentle PROM for elbow with FA neutral,

Component 3: gentle PROM FA with elbow at 90 flex.

# **Subjective Examination**

**Chief Complaint:** 

Unable to use right U/E for ADLs in usual fashion

Medical Management:

Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

# **Objective Examination**

•		
	Rigi	
	. A. 1	4
Pliability	1.74 F LC	.1 ***
1 HOULEY	VILLE	4

Observations:

Swelling: Severity: Moderate

~ ·· <del></del>	
Range of Motion:	Right PROM
• Extension	-50
• Flexion	90
• Pronation	30
Supination	30

Splint/Orthosis Check:

Fit: performed adjustment to improve comfort; per pt report he had drummelled holes for aeration due to sweating in splint

# **Treatments**

Manual Interventions: Soft Tissue:

			11470710																						
Ţ.	A 4		obiliza	المعاردات	1000000	2000	3333333	2000033	380 380	2000	ंाक	w a T	Tone	A . 14	ን እ 1 😘	Anthad	TOT	innit	· Tribe	JA+MI	a . T a	- hini	mia		
D(	31 I IS	SUC IVI	OOIIIX	MOH.							1.1	THE T	anthor	CU - 11	O IVIII	nuics,	1.0	zupu	ı. ıvıc	rician	u, ru	ri irri	que		
(333)											st	nimn	11112	mult	idire	ctions	ıl. Aı	lditio	nal E	etail	elbe	w/fc	rearr	n in	
- 1888																						7			
33333											: pi	otect	ed po	351 <b>t</b> 10	n. De	SCLIP	tion.	retro	धावद	mas	sage:	ю те	auce	eden	.a,.∷
3333													4												
			J. J								::: 8C	AL TH	úD.∷∷												*******

Manual Interventions: Range of Motion:

Time Elapsed: 10 Minutes, Additional Detail: to tolerance, Manual ROM 1 Description: Gentle passive pro/sup with elbow support 90 flex. Time Elapsed: 10 Minutes, Additional Detail: to tolerance, Manual ROM 2 Description: Gentle passive elbow flex/ext w/ FA/wrist neutral.

Filed 05/2Pa/2008 Visit Date: Pagenta Degrado Jun 05, 2007

## Assessment

Tolerance:

• pt tolerated ex very well with no c/o pain

# Plan

Recommendations:

• Continue with current program.

Michelle Purdy, OT, OT(TX Lic: 106584),OTR/L

AcD#cun032407520285 Filed 05/24ti2008

Physician: GERARD GABEL

Visit Date: Clinician: Michelle Purdy, OT DOB:

Pagech Legers3 May 31, 2007 Jun 18, 1958

Case Mgr:

In: Date: May 10, 2007

SSN: FSC: **BCBS** 

Visits.

Cxl/Ns:

Surg. Date:May 16, 2007 1

0

Payor:

Austin, TX USA 78704 Phone: (512) 462-3275 Fax: (512) 462-0005 Pol/Claim#: Name of Insured:

Employer:

# Plan of Care

Diagnoses Right Elbow

3901 South Lamar Blvd.

South Lamar

Suite 140

NONTRAUM TENDON RUPT NOS

FX RADIUS HEAD-CLOSED 81322 FX ULNA SHAFT-CLOSED

### Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session. Impairments Identified:

• Range of Motion. Swelling. Integumentary Status.

#### Treatment Emphasis to focus on:

Splining for protection and improving mobility per physician orders

## Problems & Goals

Problem #1 Medical Management: Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07 STG Achieve by May 31, 2007.

Splint fabrication for immobilization and protection post-op repair

#### Client Education:

Understands Contraindications/Precautions.

STG Achieve by Jun 14, 2007.

#### Client Education:

· Donning-Doffing/Use-Care and Wear of Orthosis.

LTG Achieve by Jun 28, 2007.

#### Modify splint PRN for continued wear

Problem #2 Observations: Swelling: Severity: Moderate.

LTG Achieve by Jun 28, 2007.

#### **Girth Normalization:**

Decreasing Swelling/Effusion to: Mild Levels.

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Jun 28, 2007.

Improve mobility to mild restrictions

Problem #4 Range of Motion.

LTG Achieve by Jun 21, 2007.

Range of Motion Improvements to	Right PROM
• Extension	-30
• Flexion	115
Pronation	60
<ul> <li>Supination</li> </ul>	60

#### Please sign and return

I certify that the above rehabilitation services are required and approved by me. This patient is under my care and this plan of care will be reviewed every 30 days.

Physician Signature	Date

Filed 05/24t/2008 Visit Date: Paymen Degree May 31, 2007

### Plan

The goals and plan were discussed with the client and/or family and they concur. Instructions included to call regarding problems or questions. It is recommended that the client attend rehabilitative therapy three times a week. Expected rehabilitation duration, under the current prescription, is four weeks. Interventions during this course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Pt may be able to attend therapy twice a week secondary to his schedule Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities.
- Modalities:
  - PRN Moist Hot Pack.
- · Additional:
  - Edema Management. Scar Management. Brace/Tape/Splint: Static.

Michelle Purdy, OT, OT(TX Lic: 106584), OTR/L

Case 3 C 101198 JM-LSP Ac D #Cun092407520285 Filed 05/24120008

Physician: GERARD GABEL

Visit Date: Clinician: Michelle Purdy, OT

DOR-

Pagech Legic 733 May 31, 2007

Case Mgr:

SSN: FSC:

Jun 18, 1958

**BCBS** 

South Lamar

3901 South Lamar Blvd

Suite 140

Austin, TX USA 78704

Phone: (512) 462-3275 Fax: (512) 462-0005

In: Date: May 10, 2007

Surg. Date:May 16, 2007 Visits: 1

Cxl/Ns: 0 Payor: Pol/Claim#:

Name of Insured:

Employer:

# **Initial Evaluation**

Diagnoses Right Elbow

NONTRAUM TENDON RUPT NOS FX RADIUS HEAD-CLOSED

81322 FX ULNA SHAFT-CLOSED

### General Information

**Treatment Guidelines:** 

 Rehabilitative Program Additional Detail: v/o per Dr. Gabel, fabricate poster or elbow, Component 1: splint with elbow 90 flex, FA neutral/slight sup, Component 2: begin gentle PROM for elbow with FA neutral, Component 3: gentle PROMFA with elbow at 90 flex.

# **Subjective Examination**

The medical history questionaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, they have been reviewed by the evaluating therapist, and are on file.

#### **Chief Complaint:**

Unable to use right U/E for ADLs in usual fashion

#### **Extremity Dominance:**

Right.

#### **Functional Capability:**

· Pt currently taking courses at UT; has note taker for courses and modifications with computer PRN for exams, etc.

#### Mechanism of Injury:

 Primary Episode: Traumatic: Wound Inducing: cycling accident in which pt reports flipped over handlebars landing on clow Medical Management:

Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

#### Rehabilitation Expectations/Goals:

Normalize: Loss of Motion/Stiffness. Return to ADL Performance: Unrestricted/Symptom Free.

# **Objective Examination**

Integument: Wounds/Incisions: Characteristics: Right Tissue Integrity Healed well

#### Integument:

Wounds/Incisions: Type: Surgical Incision.

Integument: Scars: Characteristics: Right Mild Pliability

#### Observations:

Swelling: Severity: Moderate.

Range of Motion:	Right PROM
* Extension	-60
• Flexion	90
* Pronation	30

Filed 05/2Pk/2008 Visit Date:

Supination

30

### **Treatments**

The client was instructed as to the purpose of the splint, appropriate precautions and contraindications to its use. Correct donning and doffing procedures, along with proper care and use of the splint were reviewed and performed. Acknowledgement of all instructions related to the orthosis was obtained. Good cognitive recognition of these instructions and capacity for performing active procedures related to the orthosis was exhibited. The above prescribed orthosis is medically necessary as part of the appropriate treatment for this client. Its use falls within accepted standards of treatment for this client's condition and has not been prescribed as "convenience equipment."

Orthotics/Prosthetics: Wearing and Education: Schedule:

Orthosis Usage	General Parameters 24 Hours/Day, Additional Detail, remove for HEP as directed
Orthotics/Prosthetics: Elbow:	
Orthotic Fitting/Fabrication	Instruction , Time (Fitting/Fabrication) 15 Break In: Instructed, Care/Use: Instructed, Proper Fit Instructed
Treatment Guidelines:	
Rehabilitative Program	Additional Detail: pt instructed in the following for HEP, Component 1: gentle short are PROM FA with elbow support at 90,
	Component 2: gentle short are PROM elbow flex/ext w/ FA neutral,
	Component 3: precautions, splint wear.

### Assessment

In my professional opinion, this client requires skilled rehabilitative therapy in conjunction with a home exercise program to address the problems and achieve the goals outlined below. Overall rehabilitation potential is good. The patient and/or family were educated regarding their diagnosis, prognosis and related pathology. The client exhibits good understanding and performance of the therapeutic activity and instructions outlined in this skilled rehabilitation session.

Impairments Identified:

Range of Motion. Swelling. Integumentary Status.

Treatment Emphasis to focus on:

· Splining for protection and improving mobility per physician orders

# **Problems & Goals**

Problem #1 Medical Management: Surgery: S/P ORIF with plate for ulna, triceps repair; DOS 05/16/07

STG Achieve by May 31, 2007.

Splint fabrication for immobilization and protection post-op repair

Client Education:

Understands Contraindications/Precautions.

STG Achieve by Jun 14, 2007.

**Client Education:** 

Donning-Doffing/Use-Care and Wear of Orthosis.

LTG Achieve by Jun 28, 2007.

Modify splint PRN for continued wear

Problem #2 Observations: Swelling: Severity: Moderate.

LTG Achieve by Jun 28, 2007.

Girth Normalization:

Decreasing Swelling/Effusion to: Mild Levels.

Problem #3 Integument: Scars: Characteristics.

LTG Achieve by Jun 28, 2007.

#### Improve mobility to mild restrictions

### Problem #4 Range of Motion.

LTG Achieve by Jun 21, 2007.

Range of Motion Improvements to: Elbow:	Right PROM
* Extension	-30
• Flexion	115
* Pronation	60
• Supination	60

## Plan

The goals and plan were discussed with the client and/or family and they concur. Instructions included to call regarding problems or questions. It is recommended that the client attend rehabilitative therapy three times a week. Expected rehabilitation duration, under the current prescription, is four weeks. Interventions during this course of treatment will be directed toward addressing the problems and achieving the goals previously outlined.

Pt may be able to attend therapy twice a week secondary to his schedule

Therapeutic Contents:

- Client Education. Home Exercise Program. Passive Range of Motion Activities.
- Modalities:
  - PRN Moist Hot Pack.
- Additional:
  - \* Edema Management. Scar Management. Brace/Tape/Splint: Static.

Michelle Purdy, OT, OT(TX Lic: 106584),OTR/L

Filed 05/21/2008 Page 56 of 73

### CUSTOM ORTHOSIS MANUAL CHARGE TICKET

(Codes not available in HCAP (EFF 7/1/08))

W/M/it Date of Service:

Item # (Cost Cir 273)	HCPC\$ Code	Description	<b>U</b> ni <b>t</b> s	Unit Price	Total Price	<u>!</u>					
··		"IMPORTANT"	- <del> </del>		. –	!					
Pt must be sche	duled and regit	rigrad in HCAP, "L" code must be specified in NCAP and	all other treat	ment inclusing		PAT	<u>ENT NAM</u>	Ē:	···· •	· —	
patient educatio manual charge t	in on splint was lighed should be	r, care and purpose should be documented and billed ou used only to bill for the sustem splints listed below that	ii Inrough ACA Bre currently	er. Unis not available in	Ļ	-	LA,	Vila.	Kil	1/5	
HCAP. Dogume	at modifiers in	Splint Description & Rational" section of charge ticket.	<del></del>	<del></del>		1		(N)	L) J	<u> </u>	<del></del>
39331	L3933 A	STATIC Finger Orthosis A	1	\$72.00		-			•		
39332	L3933 B	STATIC Finger Orthosis B		\$113,00		ACC	<u>[#:</u>	1 65	اسمار اسم	47 121	
39333	L3933 C	STATIC Finger Orthosis C		\$130.00	ı		1	14 <sub>0</sub>	SUL	100BG	>
39334	L3933 D	Silver Ring Splint		\$163.00							
39191	L3919 A	STATIC Hend Orthosis A	_	\$94.00		DIAC	NOSIS:				
39192	L3919 B	STATIC Hand Orthosis B		\$131.00	<del>,                                    </del>	<b></b>	_				<del></del>
39193	L3919 C	STATIC Hand Orthosis C		\$159.00		-	oloi BIX				
39131	L3913 A	STATIC Hand-Finger Onthosis A		\$129.00	' <del> </del>	PHY	SICIAN	1 1/ 10 4	1		
39132	L3913 B	STATIC Hand-Finger Onthosis B		\$166.00	·				al	WOUL_	
39133	L3913 C	STATIC Hand-Finger Onhosis C		\$194.00			-				
37021	L8702 A	STATIC Elbow Orlhosis A		\$138,00		THE	rapist#		,		
27022	1 2700 0	STATIC Elbert Cabrata D		\$230,00				1/14	dell		
37022 37023	L3702 B	STATIC Elbow Orthosis B STATIC Elbow Orthosis C		\$230,00 \$265,00	<del>                                     </del>	-		1.0	<del>-  </del> -	<del></del>	
	<del> </del>					+	T			-	T T
37631	L3763 A	STATIC Elbow-Wrist-Hand Onhosis A	<del>- </del>	\$205.00		┨					
37632 37633	L3763 B	STATIC Elbow-Wrist-Hand Onhosis B		\$261.00		┪	1	į			
37651	L3763 C	STATIC Elbow-Wrist-Hand Orthosis C		\$31600		1	[	j			
	<del>                                     </del>	STATIC Elbow-Wrist-Hand-Finger Orthosis A	<del> </del>	\$253.00		-			) }	1	
97652 37653	L3785 B	STATIC Elbow-Wrist-Hand-Finger Orthosis B	<del>                                     </del>	\$310.00		-					
36710	L3785 C	STATIC Elbow-Wrist-Hand-Finger Orthosis C		\$358.00		1					4.
36720	L3672	STATIC Shoulder Orthosis Cap Design STATIC Shoulder Orthosis Airplane Design	1	\$213.00 \$288.00	1	1	(ac)				\ \
39610	L3961	STATIC SEWH Onhosis Cap Design	<del></del>	\$338.00		┨	1 7		1	, I	\
39670	13987	STATIC SEWH Onhosis Altriane Design	<del> </del>	\$455.00	1	1	40				
39750	13975	STATIC SEWHF Orthosis Cap Design		\$405.00		┨ ・	1 . 3				
3976D	L3976	STATIC SEWHF Orthosis Airplane Design		\$500.00		բ	1				
39351	L3935 A	DYNAMIC Finger Based Splint A		\$93,00		Rationale	1				\
39352	L3935 B	DYNAMIC Finger Based Splint B		\$134.00		1 #					1
39353	1.3935 C	DYNAMIC Finger Based Splint C		\$159.00			19%		j i	1	
39211	1.3921 A	DYNAMIC Hand-Finger Orthosis A	+	\$152.00		<b>%</b>	Jan S				
39212	L3921 B	DYNAMIC Hand-Fluger Ontrests B	+	\$198.00	<del>                                     </del>	ription			[		1
39213	L8921 G	DYNAMIC Hand-Finger Orthosis C		\$239.00		🛱	ˈ[ ˌˈi				
39051	L3905 A	DYNAMIC Wrist-Hand Orthosis A	<b>—</b>	\$208.00		Splint Desci	3		ļ	1	3
39052	L3905 B	DYNAMIC Wrist-Hand Orthosis B	1	\$256.00		79	1 3				1 -3
39053	L3905 C	DYNAMIC Wrist-Hand Onhosis C	1	\$325,00		] 등			ļ	1	
37641	L3764 A	DYNAMIC Elbow-Wrist-Hend Orthosis A	1	\$284.00		] ශ්	1 1				"
37642	13764 B	DYNAMIC Elbow-Wrist-Hand Orthosis B	1	\$344.00	1	7			ł I	ļ .	
37643	L3764 C	DYNAMIC Elbow-Wrist-Hand Onhosis C		\$398.00		]	1 3	1			
37561	L3766 A	DYNAMIC Elbow-Wrist-Hand-Finger Orthosis A		\$319,00	<del>,</del>	7	1		[	į l	
37662	L3766 B	DYNAMIC Elbow-Wrist-Hand-Finger Onhosis B		\$366.00	<del>1</del>	7					55
<b>37</b> 863	L3766 C	DYNAMIC Elbow-Wrist-Hand-Finger Onhosis C		\$425.00	1		"5	•	1		5
39710	13971	DYNAMIC SEWH Orthosis Cap Design		\$475.00		]	1 67	7			"
39730	13973	DYNAMIC SEWH Orthosis Airplane Design		\$563.00		]	1	<i>' ' ' '</i>	] ]		Sign
39770	L3977	DYNAMIC SEWHF Orthosis Cap Design		\$544.D0	0						5
39780	L3978	DYNAMIC SEWHF Orthosis Airplane Design		\$631.00	0	_					Clinician Signature:
	1						1				
<del></del>	<del>- </del>	T-1-1	<u> </u>	AMP	<del></del>	+-	<del>-</del>			<del>                                     </del>	+ + -
1	1	Total	S		1	i	1	ı	I.	1 1	1 1

Case 3:08-cv-00198-JM-LSP Filed 05/21/2008 Page 57 of 73 Document 15-2 CUSTOM ORTHOSIS MAN \_\_ CHARGE TICKET (Codes not available in HCAP (EFF 7/1/06)) Date of Service HOPOS hem # (Cost Ctr 273) Units Unit Price Total Price Code Description \*\* IMPORTANT " PATIENT NAME Pt must be acheduled and registered in HCAP, "L" code must be specified in HCAP and all other treatment including patient education on splint wear, care and purpose should be documented and billed out incough HCAP. This manual charge ticket should be used only to bill for the custom splints listed below that are currently not available to HCAP. Docume int modifiers in "Splint Description & Rational" section of charge ticket. 39331 L3833 A STATIC Finger Orthosis A \$72.00 39332 L3933 B STATIC Finger Orthosis B \$113.00 39333 STATIC Finger Onhosis C \$130.00 1.3933 C 39334 L3933 D Si ver Ring Splint \$163.00 39191 L3919 A STATIC Hand Orthosis A DIAGNOSIS: \$94.00 39182 L3919 B STATIC Hand Orthosis B \$151.00 391B3 L3918 C \$159.00 STATIC Hand Orthosis C 39131 L3913 A STATIC Hand-Finger Orthosis A \$129.00 PHYSICIAN Flabel Flerava 39132 L3913 B STATIC Hend-Finger Orthosis B \$166.00 39133 L3913 C STATIC Hand-Finger Orthosis C \$194.00 13702 A S"ATIC Elbow Orthosis A THERAPIST # & NAMI 37021 \$138.00 Mfurdi 37022 L3702 B STATIC Elbow Orthosis B \$230.00 37023 L3702 C STATIC Elbow Orthosis C \$285.00 3763<u>1</u> 3789 A STATIC Elbow-Wrist-Hand Orthosis A \$206.00 97632 L3763 B STATIC Elbow-Wrist-Hand Orthosis B \$261.00 \$316.00 37033 L3763 D STATIC Elbow-Wrist-Hand Orthosis C 37651 L3765 A STATIC Elbow-Wrist-Hand-Finger Orthosis A \$253.00 37652 L3765 B S"ATIC Elbow-Wrist-Hand-Finger Orthosis B \$310.00 L3765 C STATIC Elbow-Wrist-Hand-Finger Orthosis C 37653 \$356.00 36710 367 STATIC Shoulder Orthosis Cap Design \$213.00 36720 L3672 S"ATIC Shoulder Orthosis Airplane Design \$288.00 39610 L3861 STATIC SEWH Orthosis Cap Design \$338.00 L3967 39670 STATIC SEWH Orthosis Airplane Design \$455,00 39750 L3975 STATIC SEWHF Orthosis Cap Design \$406.00 L3976 39760 STATIC SEWHF Orthosis Airplans Design \$500.00 Rational L3935 A \$93.00 39351 DYNAMIC Finger Based Splint A 39352 L3935 B DYNAMIC Finger Based Splint B \$134.00 39353 L3935 Ç DYNAMIC Finger Based Splint C \$159.00 ø Splint Description 99211 L3921 A DYNAMIC Hand-Finger Orthosis A \$152.00 **8**198 00 L3021 B DYNAMIC Hand Finger Orthosis 8 30212 L3921 C \$239.00 39213 DYNAMIC Hand-Finger Orthos's C

\$206.00

\$256,00

\$325,00

\$284 DO

\$344.D0

\$398.00

\$319.00

\$366.00

\$425.00

\$47500

\$563.00 \$544.00

\$631.00

72100

Totals

Clinician Signature;

39051

39052

39053

37641 37642

37643 37661

37682 37663

39710

39730

39770

39780

1.3905 A

L3905 B

L3905 C

L3764 A

L3764 B

L9764 C

L3766 A

L3786 B

L3766 C

[L3971

L3973

13977

13978

DYNAMIC Wrist-Hand Orthosis A

DYNAMIC Wrist-Hand Orthosis B

DYNAMIC Wrist-Hand Orthosis C

DYNAMIC Elliow-Wrist-Hand Orthosis A

DYNAMIC Elliow-Wrist-Hand Orthosis B

DYNAMIC Elbow-Wrist-Fand Orthosis C

DYNAMIC SEWH Onhosis Cap Design

DYNAMIC SEWH Orthosis Airplane Design

DYNAMIC SEWHF Orthosis Airplane Design

DYNAMIC SEWHF Orthosis Cap Design

DYNAMIC Elbow-Wrist-Hand-Finger Orthosis A

DYNAMIC Elbow-Wrist-Hand-Finge: Onhosis B

DYNAMIC Elbow-Wrist-Hand-Finger Orthosis C

item # Cost Cir 273)  must be ashadul item education or real sharps itsk AP. Document in	CPCS Code	M ORTHOSIS MAN CHAR E (Codes not available in RCAP (EFF 77: "5")		•		
must be achadultism duestion to the comment of the	Code					
must be achadultism duestion to the comment of the	Code			,		1.12
must be achadultism duestion to the comment of the	Code	1	<del></del>	<del></del>	Oate of Service: 0	27 ( 44 )
Hern education or presidente licki AP. Decument of 1931	J	Cessription	Units Unit Price	Total P-xCe		
Hern education or presidente licki AP. Decument of 1931	.L	" IMPORTANT "				
AP. Document of S31 L3	en and 160	istaned in HCAP, "L" code must be specified in Hr . " a Ser, garp and purpose thould be documented and " I to d	and all other treatment including	PATI	ENT NAME:	
531 L3	al should b	used only to till for the cultom splints listed by . w ii	that are currently not available in		Mikela YSKO	<b>1/</b> 5
	<del></del>	"Spiint Discription # Rational" section of charge   skg		<del></del>	- I II GET KAT	<del>! –</del>
randa hra	3233 A 3133 B	STATIC Finant Orthogic A	\$72.00	<del>!                                    </del>	re.	
	3933 B	STATIC Finger Orthosis 8		1		1725
333 (2	3533 C	STATIC Finger Odhosis C	\$130,00	<u>.                                    </u>	2000	-0285
834 L	323 D	Silver Ring Splint	\$165.00	<u> </u>		4
191 L3	3218 A	STATIC Hand Orthodis A	594.00	;DIAS	NDSIS:	·
1197 1.3	3619 B	STATIC Hand Orthosis B	\$131,00			
	3819 C	STATIC Hand Onhosis C	\$159.00			
	TITE SISA	STATIC Hand-Finger Others A	\$129.00	<del>                                  </del>	S.CIAM	<u> </u>
			1		MENUNA E	Inhal
	<b>9</b> 913-8	STATIC Mand-Finger Ornasis B	\$168.00	<del></del>	- Chama ch	
	9913 C	STATIC Hand-Finger Orthosis C	8194.00		-	
021 L	702 A	STATIC Cibow Othosis A	\$158.00	TRE	RAPIST# & NAME	
023 L3	3702 B	STATIC Elbow Orthosis B	\$280.00	,	Hurdey	
028 L:	702 C	STATIC Elbow Orthogis C	\$295,00			
631 L	762 A	STATIC Elbow-Wrist-Hand Cinhosis A	\$206.00	4_,,,		
	763 8	STATIC Elbow-Wrist-Hand Ontosis 6	\$261,00		' '	
633 (L)	3763 C	STATIC Elbow-Winst-Hand Orthosis C	\$23,18,00		1 1 1 1	
BE1 (1.	765 A	STATIC Elboy-Wrigh Hand-Finger Onlinesis .	\$253.00	,		
552 L	765 B	STATIC Eloca-Wrist-Hand-Finger Outloan 4	\$310.00			
663 L	755 C	STATIC Elbow-Wrist-Hand-Finger Orthosis (	\$356.00			
5710 L.	571	STATIC Shoulder Onthosis Cap Design	\$213.00		<sub>r</sub> , 4	
720 L:	<b>3</b> 672	STATIC Shoulder Onthosis Airplane Design	<b>32</b> 18.00		1	
810 L	951	STATIC SEWH Orthosis Cap Design	\$388.00	,,,,,	18	
670 L	987	STATIC SEV/H Officers Airplane Design	\$455.00		1	
750 L	975	STATIC SEV/HF Orthoals Cap Design	\$406.00	1		
1760 L	976	STATIC SEWHF Orthodis Airpiane Dasign	\$500 00	elenate elenate	1 . 1	
	A 358	DYNAMIC Finger Based Splint A	593 QC			
352 L:	1935 B	DYNAMIC Finger Based Splint B	\$ 134.00	· · · · · · · · · · · · · · · · · · ·		
353 L	635 C	DYNAMIC Finger Based Splint C	\$158.00	<del></del>		
211 L	921 A	DYNAMIC Hand-Finger Orthosis A	\$152.00	Ļ <u>5</u>	10	
212 L	821 B	DYNAMIC Hand-Finger Orthosis B	\$198.00	Splint Description		
	921 C	DYNAMIC Hand-Finger Orthosis C	\$239.00	<u> </u>		
	905 A	DVNAMIC Wrist-Hand Orthosis A	\$206.00	) <u>i                                    </u>	N2	
	905 B	DYNAMIC Wrist-Hand Onhoels B	\$256 <u>.0</u> 1	<u> </u>	1	7
	800\$ C	DYNAMIC Witst-Hend Orbinsis C	\$325.00	<del>' </del>   漢	74	
	764 A	DYNAMIC Elbow-Wrist-Pand Orthosis A	\$284.00	<u>/ </u>		
G42 1/	3754_B	DVNAMIC Floor-Whel-hand Officers	\$344.00			
643 1	1764 C	DYNAMIC Expan-Wist-Hand Onhosis C	\$398.00		3	
	1765 A	iDYNAMIC Ebow-Wrist-Hand-Finger Onhos: -			<b>2</b>	
	1765 B	DYNAMIC Elbow-Wrist-Hand-Finger Orthosi	\$365.00			
	8766 C	DYNAMIC Elbow-Wriet-Hand-Finger Onlysis	\$425.04		den	
	2971	DYNAMIC SEWH Orthods Cap Design	\$475.0	7		
	3973 3977	DYNAMIC SEWH Cathoris Airplans Design	\$563.00	<del></del>		
	9977 2978	DYNAMIC SEWHE Offices Can Design  DYNAMIC SEWHE Offices Almana Design	\$546 0: \$631.00			

11.00

otals

# 4 HEALTHSOUTH

Sond Lainar	
Social / V	ational Service Putient Questionnaire
War Listed Eggers	ACCT#: 032496020 15 PT DESpecific Mulicul
Phone Number (140) 809-103-10	Diagnosis: Seal Male France
Date of Birth: 3158	Primary language: Lang Marital Status: M
HealthSouth provides for special qualified it:	
· evaluate social and vocational fact.	•
<ul> <li>counsel and advise on the social or</li> </ul>	scational problems that arise in myour particular silness or injury
nuske appropriate referrals for r supportive counseling, and assista-	ded services (e.g., community resources, transportation, assistance at home, with work related issues).
	assist in meeting your nord
	.sed you to require assistance with any of the following:
Please check those which apply:	
Transportation [	Meala Perranal Ca):
Shopping/Errands Domestic Chores	Work
Other:	
2. Do you have someone to assist yo.	
List the people or groups that you	(2) support you (e.g., spouse, whitch)
Do you need further assistance? If so, describe	Yes XNo
	on Amers, have you experies end any of the following (select all that apply)?
Financial Stress	Appetite Changes  Difficulty Concentrating
Anger M	Farigue Lose of Energy
Family Problems	and the second s
4. Have you been diagnosed with de	nsian? Yes Ilio
If yes, are you in teatment?	Yes Mo Currently Coping on Own
Based on your answers above, a RealthSi.	th Social/Vocational Worker may contact you. Social/Vocational consultation is
provided at no additional charge to you.	a Social/Vocation Worker to it make referrals to assist with community resources,
transportation, assistance at home, support	counsaling, and assistance with work related traves.
The best time of day to comment:	Phone Mumber at that Time:
Patient Signature	That -
1177	
I have reviewed this document for complete	
Marapier Signature:	ne Dat: 5/3/17.
Easted on the applicable provided informat	ar ·
The patignal does require social/spentic-	al service intervention at this error.
The passent does not require social/	
More information is required to deter.	
	A STANDARD OF THE STANDARD OF
Comments/Author Taken: [/ [[]]	Called @ lails to Harry
10/13/02 500/-	Son Oak Oak State
the transfer of the text	1 CALLA TICK THE STATE OF THE S
	The state of the s
Consultant signature:	) Date: (41010)
	water of the state

Case 3:08-cv-00198-JM-L HAND THERAPY SERVICES ICO-9 Codes: Zilikonst Diagnosis Shapherd Plaza - PT and Hand Adhesive Capsullis, Shipt 726 0 2158 Portsmouth Worker's Compensation Patient U Yes CY:No Bicep Tendon Rupture Shidr 727.62 Houston, TX 77098 Buisitis, Shidi 725 10 713 529-4990 • Fax 713 523-2452 Employer. \_ 726.11 Calculat Tendonibs, Shidr I have assessed this patient. They do [ ], or do not [ ] require social or Pasadena - PT and Hand CRPS/Causaldia 354.4 vocational services for this current injury. Illness or diagnosis. 3800 Spencer Highway Pasadena, TX 77504 Impingement Shidr 726.19 Frequency \_\_\_\_\_\_\_\_\_ Duration \_ Aeturn to MD \_\_ 713 943-8573 - Fax 713 943-8593 Int Derangement, Studt 718.91 EVALUATIONS MODALITIES AND PROCEDURES Thoragic Quilet Syndrome 353.0 Clear Lake - PT and Hand \_ Moist Heat 711 Bay Area Blvd., Suite 608 \_\_ Evaluate and Treat Ulnat Nerve Lesion Eldow 354 2 Webster, TX 77598 \_ Cold Packs/Ice Massage Medial Epicon, Elbow 726.31 201 338-1273 • Fax 281 332-3939 THERAPEUTIC EXERCISE Ultrasound Lateral Epicon Elbow 726.32 Passive/Active Massage Hedwig - PT and Hadd FX. Radial Head 813.05 General Conditioning Electrical Muscle Stimulation (formerly Town & Country) FX, Olectagon 813.01 Mobilization Whirlpool 9055 Kaly Freeway, Suite 440 Stretch and Strengthening DA-NOS Houston, TX 77024 Contrast Bath 715.93 713 464-8357 - Fax 713 464-0564 Global Strengthening TENS Rental/Setup Rheumatold Arthritis 7143 Home Program \_\_ Mens Carpai Tunne! Syndrome 354.0 Sugar Land - PT and Hand \_ lantophoresis Phonophoresis ORTHOTIC INSTRUCTIONS 4945 Sweetwater Blvd. Tenosynov Hand/Mirist 727.05 Joint Mobilization Sugar Land, TX 77479 Demicryaln's 727.04 281 277-1330 • Fax 281 277-0360 Soft Tissue Mobilization Ganglion Cyst 727 41 Paraffin Cypresswood - PT and Hand Fluidotherapy intern Derano Wrist 718.02 8111 Cypresswood Drive, Suite 102 Desensitization FX, Distal Radius 913.42 Spring, TX 77379 Wound Care 281 376-3900 • Fax 281 376-7019 FX. Carpal Bone B140 HVPGS FX, Scaphold 814 81 Cv Fair - PT and Hand AREA TO BE TREATED Lacoration, Hand 892.0 17396 Northwest Freeway Houston, TX 77040 Amputation Phoer 686.0 713 849-2253 • Fax 713 849-3103 Specific Instructions and Precautions **Amputation Thumb** 885.D Crush Injury, 4and 927.30 Callulatis, Hand 682.4 Contracted Palmar Fascia 720.6 FX. Melacamat 815.03 FX. Mid/Distal Phalanx B16.07 FX. Proximal Phalanx B15.02 Joint Pain, Hand 719.44 Mallet Finger 736.1 Tendon Rupt, Flexor 727.64 Tendon Rupt, Exten 727.53 Tendon Avuis on, Traum 879.8 Tiquar linger 727.03 Wilst Sprain/Strain 842.0 in my opinion, in accordance with medical practice standards, that above named potient regulars reliabilitation services for the problems diagnored. This projection is valid for one mouth from the choice dost rolless otherwise indicated. UPIN NUMBER \_\_\_\_\_ "HYSICIAN'S SIGNATURE \_\_ Fax ( HONE ( (\$M-101 (06/05)

		1300 I H ®		
THERAPY SERVICES	Name MITCHELL	EggER Date 5-25-7	ICD-9 Codes:	
Shepherd Plaza - PT and Hand		mesis <b>737.60 , 8/3.05 , 8/3</b> .		726.0
2158 Portsmouth	Worker's Compensation Patient		Bicep Tendon Rupture Shidr	
Houston, TX 77098 713 529-4390 • Fax 713 523-2452	Employer:		Bursitis, Shidr	726.10
			Calcific Tendonitis, Shidr	726.11
Pasadena - P1 and Hand 3800 Spercer Highway	vocational services for this current in	[ ], or do not [ ] require social or	CRPS/Causalgia	354.4
Pasadena, TX 77504		Return to MD	Impingement Shidr	726.19
713 943-8573 • Fax 713 943-8593	Frequency Quration	Int Derangement, Shidr	718.91	
Clear Lake - PT and Hand	Evaluations	MODALITIES AND PROCEDURES	Thoracic Outlet Syndrome	353.0
711 Bay Area Blvd., Suite 608	Evaluate and Treat	Moist Heat	Ulnar Nerve Lesion, Elbow	354.2
Webster, TX 77598 281 338-1273 • Fax 281 332-3939	T	Cold Packs/Ice Massage	Medial Epicon, Elbow	726.31
<del>-</del>	THERAPEUTIC EXERCISE	Ultrasound	Lateral Epicon Elbow	726.32
<b>Hedwig - PT and Hand</b> (formerly Town & Country)	Passive/Active General Conditioning	Massage Electrical Muscle Stimulation	FX. Radial Head	813.05
9055 Katy Freeway, Suite 440	Mobilization	Whirlpool	FX, Olecranon	813.01
Houston, TX 77024	Stretch and Strengthening	Contrast Bath	OA-NOS	715.90
713 464-8357 • Fax 713 464-0564	Global Strengthening	TENS Rental/Setup	Rheumatoid Arthritis	714.0
Sugar Land - PT and Hand	Home Program	MENS	Carpal Tunnel Syndrome	354.0
4945 Sweetwater Blvd. Sugar Land, TX 77479	ORTHOTIC INSTRUCTIONS	lontophoresis Phonophoresis Joint Mobilization	Tenosynov Hand/Wrist	727.05
281 277-1330 • Fax 281 277-0360		Joint Mobilization Soft Tissue Mobilization	Dequervain's	727.04
		Paraffin	Ganglion Cyst	727.41
Cypresswood - PT and Hand Cypresswood Drive, Suite 102		Fluidotherapy	Intern Derang Wrist	718.02
Spring, TX 77379		Desensitization Wound Care	FX, Distal Radius	813.42
281 376-3900 • Fax 281 376-7019	-	HVPGS	FX, Carpal Bone	814.0
Cy Fair - PT and Hand			FX, Scaphoid	814.01
17396 Northwest Freeway	AREA TO BE TREATED		Laceration, Hand	882.0
Houston, TX 77040	Specific Informations and Decoupe	ONS	Amputation Finger	886.0
713 849-2253 • Fax 713 849-3103	SPECIFIC INSTRUCTIONS AND PRECAULT	UNS	Amputation Thumb	885.0
		1	Crush Injury, Hand	927.30
	1) love a	way nordenay	Cellulitis, Hand	682.4
		-01 X	Contracted Palmar Fascia	728.6
		Splent	FX. Metacarpai	815.03
			FX. Mid/Distal Phalanx	816.D1
1	2)		FX, Proximal Phalanx	816.02
		11-2101	Joint Pain, Hand	719.44
THE T			Mallet Finger	736.1
Str. (-1		been,	Tendon Rupt., Flexor	727.64
0/1/			Tendon Rupt., Exten	727.63
(o)(1+1)			Tendon Avulsion, Traum	879.3
			Trigger Finger	727.03
		· · · · · · · · · · · · · · · · · · ·	Wrist Sprain/Strain	842.3
In my ooin	ion, in accordance viil medical practice stant	lards, that above named patient requires rehabilitation	m services	
		ar one month from the above date unless otherwise is		
Physician's Signature		UPIN NUMBER	·	

Fax (

PHONE ( HSM-101 (06/05)

land Therapy Serv	CES	Name MITCHELL CO	19465 Date 8-10-+	ICD-9 Codes:	
Shepherd Plaza - PT ar	nd Hand	Diagnosis Code & 41 Diagnosi	is	Adhesive Capsulitis: Shidr	726.0
2168 Portsmouth	Mr. Littlier	Worker's Compensation Patient  Yes		Bicep Tendon Rupture Shidr	
louston, TX 77098		_		Bursitis, Shidr	726.10
713 529-4990 • Fax 713	523-2452	Employer:		Caldific Tendoritis, Shide	726.11
Pasadena - PT and Hai	d	I have assessed this patient. They do [		CRPS/Causalgia	354.4
800 Spencer Highway		vocational services for this current injury		Impingement Shidr	726.19
Pasadena, TX 77504 713 943-8573 • Fax 71:	943-8593	Frequency Duration	Return to MD	Int Berangement, Shidr	718.91
	ļ	EVALUATIONS	MODALITIES AND PROCEDURES	Thoracic Outlet Syndrome	353.(
<i>Clear Lake - PT and Ha</i> 211 Bay Area Blvd., Sui		Evaluate and Treat	Moist Heat	Ulnar Nerve Lesion, Elbow	354.2
Webster, TX 77598	0000		Cold Packs/Ice Massage	Medial Epicon, Elbow	726.31
281 338-1273 • Fax 28	332-3939	THERAPEUTIC EXERCISE	Ultrasound	Lateral Epicon, Elbow	725.32
Hedwig - PT and Hand			Massage	FX, Radial Head	813.05
formerly Town & Cour	try)		Electrical Muscle Stimulation	1	8 <b>13</b> .01
3055 Katy Freeway, Sui	e 440		Whirlpool	FX, Glecranon	
Houston, TX 77024 713 464-8357 • Fax 71:	1 464-0564		Contrast Bath TENS Rental/Setup	DA-NOS	715.90
			MENS	Rheumatoid Athritis	714.0
<i>Sugar Land - PT and H</i> 1945 Sweetwater Blyd.			lontophoresis Phonophoresis	Carpal Tunnel Syndrome	354.0
Sugar Land, TX 77479		Cittle instructions	Joint Mobilization	Tenosynov Hand/Wrist	727.05
281 277-1330 • Fax 28			Soft Tissue Mobilization	Dequervain's	727.04
Cyptesswood - PT and	Liand	<del></del>	Paraffin	Ganglion Cyst	727.41
3111 Cypresswood Dri			Fluidotherapy Desensitization	Intern Derang Wrist	718.02
Spring, TX 77379			Wound Care	FX, Distal Radius	813.42
281 376-3900 • Fax 28	376-7019		HVPGS	FX, Carpal Bore	814.0
Cy Fair - PT and Hand				FX, Scaphoid	814.01
17396 Northwest Freev	ay	AREA TO BE TREATED	AAA A PROMINENCE CONTRACTOR OF THE CONTRACTOR OF	Laceration, Hand	882.0
Houston, TX 77040	040 0400	Specific Instructions and Precautions_		Amputation Finger	886.0
713 849-2253 • Fax 71	8 <del>849-</del> 3703	Overling this tentumes with a recontitions	•	Amputation Thumb	885.0
		1 1 1		Crush Injury, Hand	927.30
•		7/1/1/01/	V//234/	Cellulitis, Hand	682,4
		T Prom		Contracted Palmar Fascia	728.6
				FX, Metacarpal	815.03
			01-	FX, Mid/Distal Phalanx	816.01
			1 1 (4/0/1/6)	FX, Proximal Phalanx	816.02
			TXIL.	Joint Pain, Hand	719.44
			- 1	Mallet Finger	736.1
		12 0- 21	- ( ) ( ) ( ) ( )	Tendon Rupt., Flexor	727.64
		CIVEINOVE	7-10-107	Tendon Rupt., Exter	727.63
				Tendon Avulsion, Traum	879.8
			and the state of	Trigger Finger	727.03
				Wrist Sprain/Strain	842.D
			To Attack and in the state of t		
				<u>l</u>	
		ion, in a condande whicimedical practice standards, obtems diagnosed. This prescription is valid for ou			
		· VA			
Physician's Signature _	<del></del> -		UPIN Number		
PHONE ( )		Fax ( )			
JEM 101 (04 IOE)			1. A.		

HAND THERAPY SERVICES ICO-9 Codes: TEMOLIS Short Capeullis. Short Shepherd Piaza - PT and Hand 725.D 2158 Partsmokth Worker's Compensat : ^ Patient | [] Yes Chio. Bicep Tendon Rupture Shidr 727.62 Houston, TX \$7098 713 529-4990 Fax 713 523-2452 Bursitis, Shidr Employer: 726.10 Calcillo Terrophilis, Shipr 726.13 Paradens - Pri and Hand 3800 Spencer Highway have assessed this pitient. They do [ ], or do not [ ] require social or CRPS/Cacisalgia . 354.4 vocational services for this current injury, illness or diagnosis. Pasadena, TX 77504 Impingement Shidr 726.18 Frequency \_\_\_\_\_ Lucation Return to MD 713 943-8573 | Fax 713 943-8593 hx Darangement, Shidi 118.91 EVALUATIONS MODALITIES AND PROCEDURES Clear Lake - PT and Hand Thoracic Dutiet Syndrome 353.0 711 Bay Area Byo., Suite 608 Webster, TX 74598 Evaluate and Treat Moist Heat Ulnar Norve Lesion, Elbow 354.2 Cold Packs/Ice Massage Medial Epicon, Blow 725.31 281 338-1273 (Fax 281 332-3939) THERAPEUTIC EXERCISE Ultrasper 3 Lateral Epison, Boow 726.32 Passive/Active Massage Hedwig - PT and Kand FX. Radial Fead 813.05 General Conditioning (formerly Town & Country) Electrical Muscle Stimulation 9055 Katy Freemat, Suite 440 Houston, TX 77024 713 464-8357 - Fax 713 464-0564 FX. Diectation 313.01 Mobilization Whirtpool Stretch and Streng, rening Contrast Earth DA-NOS 715.90 Global Strengthen's 1 TENS Renal/Setup 714.0 Rheumatold Arthitis Home Program **MENS** Carpal Minnel Syndrome Bugar Land - Pil and Hand 354.0 iontophonisis Phorophoresis ORTHOTIC INSTRUCTIONS 4945 Sweetwater Blvd. Tempsynov Hapd/Wrist: 727 05 Joint Mob lization Sugar Land, TX 77479 **Dednewsjus** 727.04 281 277-1330 - fat 281 277-0360 Soft Tissue Mebilization **Farafilm** Ganglion Cyst 727.11 Cypresswood - FT and Hend 8111 Cypresswood Drive, Suite 102 Fluidother: py Intern Gerang Wrist 718.02 Desensitive tion FX, Distal Rackus 2i3 42 Sprirg, TX 77379 Would Care 281 376-3900 - 194 281 376-7019 FK. Curpal Bona 814.0 HVPGS FK. Scanhold 814 01 Cy Fair - PT and Hand AREA TO BE TREATED Laceration, Hand B62.0 17396 Northwest Fleeway Houston, TX 77040 Ampuration Florar B85.0 SPECIFIC INSTRUCTIONS AND PREGREETIONS 713 849-2253 • Faxi713 849-3103 Ampulation Thumb **865.0** Crush Imury, Hand 927.30 Cellulitis, Hand 682.4 Contracted Palmar Pascia 728.5 FY. Metacames 815.03 FX. Mid/Distal Phalanx B16.01 FX. Proximal Phalanx 916.02 Joint Pain, Hand 71944 Mailet Finger 735.1 Tendon Pupt, Flexor 727.54 Tendon Rupt , Exien 727.53 andon Awasion, Traum 679.8 mager linger 727.03 What Sprain/Strain 842.0 In my opinion, in accompance with mediging procincy loads, that above named not any rebuilter reliabilitation services. for the problems diagnored. This probable to its and the most found the client date unless otherwise indicated. UPIN NUMBER PHYSICIAN'S SIGNATURE Fax ( PHOME ( (534-101 (06/PG) PAGE. 01 107 28:58 AUG 21

Gase 3:08-20498-JM-LSP

TIAND THER	DA GERAIGER	Name <u>to Clini Pari</u>	Proceeding	CVENT Ja	te <u>\</u>	100 5 60065.	
Shepherd Pl	za · PT and Hand	Diagnosis Code	Diagnos	sis		Adiusive Caps wills, Shida	726.C
2158 Portsm		Worker's Compensatio				Bicer Tender Rupture Shidr	727 62
Houston, TX 713 529-499	77096 0 • Fax 713 523-2452	Employer:				Bursilis, Shkk	726.10
-		Thave assessed this p.				Calcific Tenconstis, Shidr	726.11
<i>Pasadena' - 1</i> 3800 Spance		vocalional services for	.egg, 165 <sub>2</sub> OD j h <b>e</b> hirrent minn	j,uravojutje je Vilinessordisorus	signing sources as	CRPS/Causa.pla	354.4
Pasadena, TX	77504					improgement Shidr	726.19
	8 • Fax 713 943-8593	Frequency:	rapon		(IE) (1991)	int Carangeriont, Shior	71891
Ciear Lake •	PT and Hand	EVALUATIONS		Modalities and Fig	OCEDURES	Thorsoic Opilet Syndrones	353.0
711 Bay Arca	Blvd., Sulic 608	Evaluate and Treat		Moist Heat		Ulnar Nerve Lesion, Ribow	<b>\$54.2</b>
Webster, 1X 281 338-127	77598 3 • Fax 2B1 332-3939	Turning Pour son		Cold Packs/ 3	9 Wassage	Medial Epigna, Elbow	726.31
		THERAPEUTIC EXERCISE Passive/Active		Uitrasound Massage		Lateral Epicon, Elbow	726.92
Hedwig - PT	and Haud yn & Country)	General Condition		Electrical Miles	scle Stimulation	FX, Radial head	813 QS
	peway, Suite 440	Mobilization	11	Whirlpool		FX, Clecranno	813 O1
Houston, IX	77024	Stratch and Strar		Contrast Balo	•	CA-NOS	715.90
713 464-835	7 • Fax 713 464-0564	Global Strengther :	ıζ	TENS Renta "	Setup	Rheumateid Arthritis	714.0
Sugar Land	PT and Hand	Heme Program		MENS	. Dharaeles visis	Carpal Tunnel Syncrome	354.0
4945 Syreety		CREMOTIC INSTRUCTION		Joint Mobilers		Tenocynov Hand/Wrist	727.05
Sugar Land, 281 277-133	X 77479 0 • Fax 281 277 •0360			Soft Tissue ! /		Dequarvain's	727.04
			. —	Paraffin		Gangilon Cyst	727.41
Cypresswoo	d - <i>PT and Nand</i> swood Drive, Suite 102			Fluidotheras /	1	Intero Derang Wrist	718.02
Spring, TX 7	7379	!		Desensitizat c Wound Care	יחנ	FX, Cjstal Racius	913.42
281 376-390	0 • Fax 281 376-7019	3.t 12 manual	-	HVPGS		FX Carpai Bona	814.0
Cy Fair - PT	sed Hand		- Administration	•		FX, Sc40hdic	514.01
	west Freeway	AREA TO BE TREATED				Laceation, Hand	882.P
Houston, TX		Specific Instructions	Auto Damosumores			Aimputation Finger	0.888
713 845-225	3 • Fex 713 649-3103	DECEMO SESTMUCTION.	1/10 F RECABIIGNS	·	<del></del>	Amputation Thumb	885.0
		\ \(\frac{1}{1}\)	_ (			Grush Injury, Hand	927.30
			EST NIVE	T = C	Hins m	Golfulitis, Hand	682.4
				1		Contracted Parmar Fascia	728.6
						FX. Metacarpal	816.Ó3
		27 77	131 W	with the little	+4020	FX, Micl/Distat Photeax	816.01
			1			CK, Proximal Phylogs	815.02
		(	1-1:	<u></u>	$\mathcal{L}$	Lord Paid, Hood	719,44
				<u></u>		Mailel Firger	736.1
					<u> </u>	Tendan Rupl., Flexor	727.64
		· 1 1		<u> </u>		Tendan Aupl., Exten	727.63
						Tendon Avelstan, Traum	879.5
			-406	· · ·		Trigger finger	727.03
					· · · · · · · · · · · · · · · · · · ·	What Spran/Strain	842 D
.		<u> </u>					
	h my opia	tion in accordance who mea-	Jona L. J. cordonl	x. that above rained p. 1	rest requires republikanion	resistant	
		roblems diagramed. This Mis.					
PHYSICIAN'S	grandinae <u> </u>			UPIN 1	UMBER		
			<b>→</b> , <sub>F</sub> - ———				}}
PHONE (	)		Fav ( )			<del>(61211)</del>	IJ
HSM-101 ICE	ESI				Sand .		

, do Therapy S	ERVICES	Name MI+CV	モ	<u> </u>	YOUR	Date 5	<u>少士</u>	ICD-9 Codes:	
Shepherd Plaza - F		Diagnosis Code		Diagnosis'	727.60	813.05	<u>. 8/3</u> 5	Athesive Capsultis, Shidi	725.0
2158 Portsmouth		Worker's Compensation						Bicep Tendon Repture Shidir	727.62
Houston, TX 7709 713 529-4990 • Fax	713 523-2452	Employer:						Bursitis, Shidt	726,10
ı		I have assessed this pai					at or	Calcific Tandonitis, Shid:	726.11
Pasadena - PT and 3800 Spencer High		vocational services for !	S CUITE	ent ipjupy-i	tiness or diag	70\$i\$.	L. 47	CRPS/Causalgia	354.4
Pasadena, TX 775	)4	Frequency 2 01		,	•			impingement Shide	726.19
713 343-8573 • Fa	k713 943-8593	( ) / / / / / / / / / / / / / / / / / /		1	}			Int Derangement, Shidr	718.91; 353.0
Glear Lake - PT an		Evaluations Evaluate and Treat			iiodalities add Moist Hea	PROCEDURES			354.2
711 Bay Area Blvd. Webster, TX 7759		EVALUATE AND HEAT				arice Massag	6	Medial Epicon, Elbow	726.31
281 336-1273 • Fa	k 281 332-3939	THERAPEUTIC EXERCISE			Ultrasoun	1		Lateral Epicon, Elbow	726.32
Hedwig - PT and I		Passive/Active			Massage	Muscle Stime	ula <del>ti</del> on	FX, Radial Head	813.05,
(formerly Town & 9055 Katy Freeway		General Condition: Mobilization	I		clecinical Whirlpool		HAUDH	FX, Olecianon	613.01
Houston, TX 7702	4	Stretch and Streng.		_	Contrast 1	Eath		DA-NOS	715.90
713 464-9357 • Fa	x 713 464-0564	Global Strengtheni	•		TENS Rer	rtal/Setup		Rheumatold Arthritis	714.0
Sugar Land - PT a		Home Program			MENS	asis Phonopi	opresis	Carpal Tunnel Syndrome	354.0
4945 Sweetwater Sugar Land, TX 7		ORTHOTIC INSTRUCTIONS			Joint Mol		7274010	Tenesynov Hand/Wrist	727.05
281 277-1330 - Fa						le Mobilizatio	П	Dequervain's Ganglion Cyst	727.04 727.45
ruresswood - Pl	and Hand				Paraffin Fluidotha	i anti		Intern Derang Wrist	718.02
Cypresswoo	d Drive, Suite 102				Desensiti	ation:		FX, Distal Radius	813,42
Spring, TX 77378 281 376-3900 • Fa	v 281 376-7619				Wound D	i.re		FX, Carpal Bone	B14.0
					HVPGS			FX, Scaphold	814.01
Cy Fair - PT and I 17396 Northwest	land Franco	AREA TO BE TREATED_	•					Laceration, Hand	682.O
Houston, TX 770	<b>10</b>	C	. a Da	PO A LITINA DE				Amputation Finger	686.0
713 849-2253 <b>-</b> F	ut 713 849-3103	SPECIFIC INSTRUCTIONS	4D LKI	E.AUHUNS				Amputation Thumb	685.0
			· <del></del> -			Δ		Crush Injury, Hand	927.30
·		110	34	90	and the	Trafer	101/	Cellulitis, Hand Contracted Palmar Fascia	682.4 728.6
·			<u>.</u>			<u> </u>	<del></del>	FX, Metacarpal	815.03
	•				spler.	<u> </u>		FX. Mid/Distai Phalanx	816,01
		-	-	-··- N	1 /m	-	<del></del>	FX, Proximal Phalanx	816:02
1 1			4-K-	·	1	¬ + +		Joint Pain, Hand	719.44
Clark	<b>.</b>				<u> </u>	· ·	<u>```</u>	Mallet Finger	786.1
Dann	. (			P7	Dean	<u>.</u>		Tendon Rupt., Flexor	727.64
_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-					Tendon Rupt., Exten	727.63
	111							Tendan Avulsion, Traum	879.B
<u> </u>	1,11				<u>-</u>			Trigger Finger Wrist Sprain/Strain	727.03 . 842.0
•								At the obtainmentains	042.U
	· · · · · · · · · · · · · · · · · · ·							<u> </u>	<del></del>
	Ia my op.	inion, in accordance will mesh	1,986.00	standtods.	that above now	a i petient reguir	es rehabiluatio	in services	•
•	for the	problems diagnosed. Vis pres-	, page c	i ina jor on i					
PHYSICIAN'S SIGNA	TURE		-	Market Control of the	UF	'I'V NUMBER			
PHONE ( )	, <u>.                                    </u>		FA.	e ( )_			BIT TO	·	
NSM:101 (06/05)							!	•	

HEALTHSOUTH
Street
City, State

# ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES\*

\*You may refuse to sign this acknowledgement\*

HealthSouth will use and disclose your personal health information to treat you.

To receive payment for the care we provide, and for other health care operations.

Healthcare operations generally include those activities we perform to improve the quality of care.

We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better understand our policies about your personal health information.

The terms of the notice may change with time and we will always post the current notice at our facilities, on our website, and have copies available for distribution.

	me), have received a
copy of this facility's Notice of Privacy Practices.	
The Land	
Signature	
Date	
For Office Use Only	
We attempted to obtain written acknowledgement of receipt of our Notic acknowledgement could not be obtained because:	e of Privacy Practices, but the
[] Individual refused to sign	
☐ Communications barriers probibited obtaining the acknowledge.	owledgement
An emergency situation prevented us from obtaining ac	
☐ Other (Please Specify)	

YOU ARE ENTITLED TO A COPY OF THIS CONSENT AFTER YOU SIGN IT

Include completed consent in the patient's Medical Record

HEALTH	SOUTH PATI	ENT DATA INTAKE SIST	Revised 9/26/06
- FOR OFRIGE	CE ONLY	4 ( 65.3) 57	Sign
VI.	1, 16, 17, 15	.ubcd. Therapist #/Name:	Appl 1100:
Location:	Maria Carlos Car	Soft.	Source of Adméti
Referring MD #/NAss		MD Fa:MD Fa:	ICK MITTER
	FORMATION: Social Security #:	Suf: Fireu LiteU	002501090
Pt's Name: Last	DIO Menne is	At .CV	703CT
Address:	1600096390ph =-	City. State:	(A. Zip: 2013)
Sea M F Emale	C-1-11, -1-	and D.O.B.: 3 F 68 Emplant: NISANU	Murital Status: M / S
Engrancy Contac	Little Floor	. (760) 822 158 Patient Celt	1710048011290
	tion — R-Retired / S-Student / E-Employed / U-Uhamplo	"Mgt) il Sizus – M-Married /S-Single / D-O	
	FORMATION: Patient's Relation to Ideared: it appea(Son the card);	of Spouse Chita / Other is the assured also the Responsible Party F	or Patient portion of bill?: Y/N
Address:	Sime.		als: Zijy:
ilm Ph: (160	9721153 WK Ph. ( )	D.O.E.; 11 15/57 Sex: M /C	
Employer #/Name	Auf		į
RESPONSIBLE	or Puttent Portion of Bill: Patient's Relation to	Il exponente le Party Seir Dipouse / Ch bit / Other (#Self or Josephed, ekip	to Accident Information section)
Name	A A	( · crs	
Hm Ph:{	Wk Ph:()	DOB- Month Status MISIDIN Ser	:-M/FEmplad:R/S/22/U
		Work entirer Date of Accident/hij ry/Onset: Do 1 10	
-	1		Body Part: (P) (LOW)
is there a potential	habte party?; Y / N Name of inclintuals that y	allow og trefreues your billing and a pointments with:	<u> </u>
**Patient, Please	uitial here if the above information is complet	s -uni cors acts	Date: /
- FOR OFFICE	! <b>ህ</b> ህ ነ	200	1
PRIMARY IN	SURANCE: / (U)	Plan Try v: PV Repricing Matwork:	00 m/de 14
Ph:(VW)U	7) Fx.(	Policy # 42 517 19 110 Group:	
Verifying: PTO	<del>-11.</del>	si 12760, 81365 81322	55: 50 PAR Code: 324
Ins Rep/Case Mgr	د وحبرساتا وسر سيوا	Fac: (1300)45 10207 Fac: (1300)45 10207	
Effective Date:	Declaration 4501 Men	2 · 2 · 3(2/2) 4/2) [] [/(1)	
Max Visits/\$ Alloy	Artist.	13127 DOP: 43MD Co-'sy O Co-%: 20	MEN JUNE 197
_	ed 1000 per Callin	Co-%: CO You Benefits Exhausted? Y	
Audi #: No	of 1000 per Calline Visits/Amount		Pro Cort. Req7 Y (N)
Audi#:	edf 1800 per California Visits/Amount	Primary Care Ref Req" "   Benefits Exhausted? Y  (Visus Andr. Auth Exp Date: Exclude  [ 1	Pro Cort. Req7 Y (N)
	TO BE PER CALLED VISITS/AMOUNT C	Primary Care Ref Reg " D Benefits Exhausted? Y  (Visus Auto Auth Exp Date: Exclusio	Pro Cort. Req7 Y (N)
Comments:	edf 1800 per California Visits/Amount	Primary Care Ref Req" "   Benefits Exhausted? Y  (Visus Amir. Auth Exp Date: + Exclusion  (City: WWW State: ]	Pro Con. Req7 Y (N)
Comments:	TO BOX 660044	Primary Care Ref Req" "   Benefits Exhausted? Y  (Visus Amir. Auth Exp Date: + Exclusion  (City: WWW State: ]	Pro Con. Req7 Y (N)
Comments:  Claims Address:  SECONDAR	FIBOU PUT CALLED VISITES/AMOUNTS CONTROL Auth Date: 77	Primary Care Ref Req" / (C) Benefits Exhausted? Y  (Visus Aade: Auth Exp Date: Exclusio  (L) [5] [5] State: T  Address:	Pro Con. Req7 Y (N)
Comments:  Claims Address:  SRCONDAR  City:  Ph:(	The per Caly Control of Lifetime Visits/Amount Control of Lifetime Visits/	Primary Care Ref Reg 1   D Benefits Exhausted? Y  1 Visus Aade	Pro Con. Req7 Y (N)
Comments: Claims Address: SRCONDARY Ciry: Ph:(	TO DOX LOUDYU  INSURANCE:  Fax:  Avisite Auth:  Avi	Primary Care Ref Req" / N Benefits Exhausted? Y  (Visus Aade: Auth Exp Date: Exclusion  (2) Set  City: State: T  Address:  D.O.B.   Ins Rep Name:  Policy #:  Orwap #.  Deductible: QOP: Set	2ip: 75246-
Comments:  Claims Address:  SRCONDAR'  Cisy:  Ph:(	TO BOX LOUGH  INSURANCE:  Fax: (	Primary Care Ref Req" / N Benefits Exhausted? Y  (Visus Aade: Auth Exp Date: Exclusion  (2) Set  City: State: T  Address:  D.O.B.   Ins Rep Name:  Policy #:  Orwap #.  Deductible: QOP: Set	(3) Pro Con. Req7 Y (5)
Comments: Claims Address: SRCONDARY Cizy: Ph:(	TO DOX LOUDYU  INSURANCE:  Fax:  Avisite Auth:  Avi	Primary Care Ref Req" / N Benefits Exhausted? Y  (Visus Aade: Auth Exp Date: Exclusion  (2) Set  City: State: T  Address:  D.O.B.   Ins Rep Name:  Policy #:  Orwap #.  Deductible: QOP: Set	2ip: 75246-

Patient Health Questionr e HEALTHSOUTH.	Please circle Y (yes) cr N (no) if you have, or have had Circle M (medications) if you are
Name: MITCH ESSERS Date: 5 (31/0)	taking medications  Constitutional
Date of Birth: 3 / 9 /56 Patient Acct#	Good general health N M
Referring Physician: Family Physician:	Recent weight changes Y M
	Fatigue Y (N M Night sweats / levers Y (N M
Date of 1st doctor visit for this injury/condition: 5/14/1/	Cardiovascular
Are you aware of what your diagnosis is? ** Yes ② No	Angina / chest pain Y N M Coronary ariery disease Y N M
What are your rehabilitation expectations or goals? FULL FUNCTION	Coronary artery disease Y N M Heart surgery Y N M
Have you had Surgery for this injury? Ves O No	Pacemaker Y N M
Have you had Surgery for this injury? & Yes ® No  Type of Surgery: PLATE & 12 SRENT Approx date(s) of surgery: 5//t  1. Your chief complaint: ACK DP MO 101/	Musculoskeletal  Muscle pains or cramps (Y) N M
1. Your chief complaint: LACK OF MOTION	Stiffness / swelling in joints V N M
Date of onset of symptoms or Injury: 5/10/0/	Joint pain W N M Osteoporosis Y N M
1	Osteoporosis Y (N) M Endocrine
2. How often do you experience your symptoms?  Constantly (76-100% of the day)	Excessive thirst Jurination Y IN M
© Frequently (51-75% of the day)	Thyrcid disease Y N M Hormone problem(s) Y N M
3 Occasionally (26-50% of the day)	Ear/Nose/Throat/Mouth
(0-25% of the day)  3. What describes the nature of your symptoms? (Choose all that apply)	Hearing Icss/ringing in ears Y N M Sinus problems Y N M
	Nose bleeds Y N M
① Sharp ② Duli ache 🍑 Numb ④ Shooting ⑤ Burning 💆 Tingling	Sore throat Y N M Voice changes Y N M
4. How are our symptoms changing?  Getting better  ONot changing  Getting worse	Voice changes Y N M Respiratory
5. During the past 4 weeks:	Shortness of Breath Y N M
- · · ·	Excessive coughing Y N M Asthma Y N M
a. Indicate the average intensity of your symptoms:  None \ Unbearable	Bronchitis Y N M
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Emphysema ! Y N/ M Neurological
h. Alaner many also as for find a sufficient of control or many and a support	Frequent headaches Y N M
b. How much pain interfered with your normal work (including both work outside the home, and housework)?	Seizures / Epilepsy Y N M
①Not at all ②A little bit ③ Moderately ③ Quite a bit ⑤ Extremely	Numbness / tingling (V) N M  Dizziness Y N M
	Weakness Y N M
6. During the past 4 weeks how much of the time has your	Stroke / TIA Y N M Hematologic/Lymphatic
condition interfered with your social activities?(like visiting with friends, relatives, etc.)  D All of the time  Some of the time	Bruise easily Y N M
②Most of the time ④ A little of the time	Slow to heal Y N M
	Enlarged glands Y N M Eyes
7. In general, would you say your overall health right now is	Wear glasses / contacts Y N M
① Excellent 🎾 Very good ③ Good ④ Fair ⑤ Poor	Blurred / double vision Y N M Eye cisease or injury Y N M
8. Who have you seen for your symptoms? (Choose all that apply)	Glaucoma Y N M
<b>\</b>	Allergies Y N M
No One     Medical Doctor     Other     Occupational Therapist	Medicine Y N M
© Chiropractor ④ Physical Therapist 🐧 Orthopedist	Gastrointestinat
a. What ireatment did you receive and when?	Nausea / Vomiting Y N M Abdominal pain Y N M
b. What lests have you had for your symptoms and when were they performed?	Rectal bleeding Y N M
S Xrays  MRI  CT Scan  Other  Have you had similar symptoms in the past?  Yes  No	Blooc in urine Y N M Kidney stones Y N M
9. Have you had similar symptoms in the past? O Yes 🐪 No	Other
a. If you have received treatment in the past for the same or similar symptoms, who did you see?	Changes in hair or nails Y N M Rashes or itching Y N M
① No One ③ Medical Doctor ⑤ Other ⑦ Occupational Therapist	Breast lump Y N M
② Chiropractor ④ Physical Therapist ⑤ Orthopedist	Breast pain or discharge Y N M
10. What is your occupation? ① Professional/Executive ④ Laborer ② Retired	Change in menstrual cycle Y N M Tube culosis Y N M
② White Collar/Secretarial ③ Homemaker ® Other	Cancer Y N M
③ Tradesperson FT Student	Chemotherapy or radiation Y N M HIV / AIDS Y N M
a. If you are not retired, a homemaker, or a student, what is your current work status?	Diabetes Y N M
① Full-time ② Part-time ③ Self-Employed ④ Unemployed ⑤ Off work ⑥Other	Blood clois Y N M  Depression Y N M
Patient/Guardian Signature: Date:	:nsomnia Y N M
	Confusion or memory loss Y N M
I have reviewed and discussed this patient medical information with the patient	Do you smoke Y N M Use tobacco products Y N M
Clinician Signature: Date:	Are you pregnant Y N M

AUG 12 '27 22:51 FR

#### TO THE INSURED

· 134

In-Newtonk coverage is evaluable through Blue Choices New Lark Provider Out-of-Network services will be covered at a lower level.

If Fix edgays are shown on reverse side, use: Prior to 01/01/05 - AdvancePCS: FixBIN 004336 RxPGN to TX

D1/01/05 and after - Prime Therapeuros: Rx8IN 011552 Ft (IN 8.1.).
For Customer Service information call the dailns or customer Service information call the dailns or customer Service information.

Some dervices must be procertified before you receive "erm Ye.a individual contract has more information. To precently nevices estimated 1-800-441-9188.

For Cigims or Customer Service Information, call toll-(\* \*\*\* 1\*886-697-0683. For claims filing address, rater to your benefits guide.

A División of Hestit Caro Service Corporation, a Matual Lagal Rev. in Comp. . an Independent Licentee of the Blue Cross and Blue Shield Assoc.



BlueCress BlueShield · Select of Texas

www.bcbstx.com

Eggers, Juani a M

Identification No. 000:40 ZGP893144118

Group No. 000940 BC Plan Code 400 BS Plan Code 900

Effective Date: 02/15/07

\$25 Office Copay:

Network No. PTXOP Rx Generic Copays \$10

\$3(/\$45 Rx E and Copeys

Revised 10/13/06

# CONSENT FOR CARE & TREATMENT

l, the undersigned, do hereby agree and g			ish medical care and treatment to I proper in diagnosing or treating
his/her physical and mental condition.	UOINDA	20104 110003042 9 2114	propor in diagnosing or treating
Patient/Guardian/Responsible Party	The		Date 5/21/07
BENEFIT	ASSIGNMENT/RELEA	SE OF INFORMA	ATION
I hereby assign all medical benefits to inc private insurance, and third party payors this assignment is to be considered as val- necessary, including medical records, to s Patient/Guardian/Responsible Party	to <b>HEALTHSOUTH</b> for s id as the original. I hereby	ervices provided by authorize said assig	HEALTHSOUTH. A photocopy of
We verify your insurance benefits as a co- incorrect information given by your insur- any co-pays that are due be paid at each ver- remaining patient responsibility deemed be 60 days, the balance will be due in full for recognize an obligation to promptly subni- The above may not apply for those patien benefits with a balance billing contract, si- benefits and are subsequently denied such	rance carrier regarding you visit. Once your insurance by your insurance carrier om you. If any payment is nit same to <i>HEALTHSOU</i> ots that are considered Wor uch as an HMO. However	r insurance benefits carrier processes year insurance can made directly to year.  TH.  ker's Compensation, be advised if you	s or benefit plans. We require that our claim we will bill you for any arrier does not remit payment within ou for services billed by us, you on, Medicare Primary or who have claim Worker's Compensation
rendered to you.  When you pay by check, you expressly at reason, to electronically debit your accountegal limit (plus any applicable sales tax), for the state-allowed recovery fee. In account you may call (888) 235-4635 to revoke the HEALTHSOUTH cannot collect a return I understand and agree that if I fail to make the state of	nt for the amount of the clinible.  Please note: the above is cordance with the rules of the authorization for the element check fee by other metake any of the payments for	neck plus a procession and agree authorizes and the National Automotronic transaction. Thous.	ng fee of up to the state maximum an electronic debit to your account ated Clearing House Association, This does not, however, mean that sible in a timely manner, I will be
responsible for all costs of collecting mor		- · · · · · · ·	

